



1235A N. Clybourn, Suite 362
 Chicago, IL. 60610
 phone: 312. 649. 5551
 fax: 312.266.0123
info@campofdreams.org
www.campofdreams.org

APPLICATION FOR ADMISSION

We thank you for your interest in the Camp of Dreams. Please take a few moments to fill out this application and answer all questions.

Applications are not considered complete until the following materials are provided (please use the checklist below):

- Candidate Information (Birth Certificate and Educational Information) _____
- Family Data _____
- Student Essay Response _____
- 2 Letters of Recommendation (Principal and Teacher/Coach) _____
- Title 20 Information
 (Case Identification number and copy of Medical Card) _____

Acceptance Process

Turn in completed paperwork with application.

Personal interview between Director and student/parent.

Spots for summer camp are not guaranteed by acceptance into the program.

If you have questions, please contact Camp of Dreams at 312-649-5551. Thank you.

Candidate Information

Candidate's Name _____

Sex Male___ Female___

Date of Birth _____

Social Security # _____

Address _____ Apt# _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

E-mail address _____

Candidate is: ___ African American ___ Native American ___ Asian ___ Hispanic
___ European American/Caucasian ___ Other**Educational Information**

Candidate's current school _____

Candidate's current grade level _____

School Name _____

School Address _____

School Phone number _____

City _____ State _____ ZIP _____

The school is ___ Public ___ Private ___ Parochial

Please list any previous schools and/or summer programs attended:

School or Program _____

Address _____

Grades/Years Attended _____

Please list any previous schools and/or summer programs attended:

School or Program _____

Address _____

Grades/Years Attended _____

Family Data

Parent/Guardian 1 Name (First and Last) _____

___ Mrs. ___ Ms. ___ Mr. ___ Dr.

Home Address _____ Apt# _____

City _____ State _____ ZIP _____

Home Phone _____; Work Phone _____

Cell Phone/Pager _____

E-mail address _____

Occupation _____

Custodial Parent, highest level of education:

___ Did not graduate high school ___ GED ___ High School Diploma

___ Some College ___ College Graduate ___ Grad School

Family Income:

Total Net Family Income:

___ less than \$30,000 ___ \$30-60,000 ___ above \$60,000

Do you qualify for Title 20 (Do you receive public aid?) Medical Card or Free Lunch?

Case Identification Number _____

Additional Questions:

Who will receive camp reports and other mailings?

___ Both Parents ___ Father ___ Mother ___ Guardian

Who is financially responsible for the candidate?

___ Both Parents ___ Father ___ Mother ___ Guardian

Please list other children in candidate's family:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Family Data Continued

Additional Information you would like to provide:

How did you learn about the Camp of Dreams? _____

Your signature below indicates that all information provided on this application is complete and factually correct. Your signature also attests to the fact that you wish your child to be considered for participation in the Camp of Dreams and that you understand that there is no guarantee of final acceptance.

In addition, your signature authorizes Camp of Dreams to request documentation from the candidate's school, which we will use to evaluate a candidate's potential performance, as well as long-term performance, in the Camp of Dreams. Twice a year, we will request from the school a copy of the candidate's academic reports, performance on standardized tests, information pertaining to disciplinary referrals, and enrollment in extra-curricular activities.

Signature of parent or guardian _____ Date _____

Applicant Essay

Please answer the following questions on a separate sheet (or sheets) of paper. This is your opportunity to distinguish yourself from other candidates. Please write thoughtful responses to the questions.

1. Why would you like to attend the Camp of Dreams? What do you hope to experience? What are your fears or concerns?
2. What is the best thing about you? Why?
3. Please tell us a story about a time in your life when you demonstrated leadership or compassion.
4. What has been the most influential experience in your life? Provide reasons that support your answer.

TRANSCRIPT RELEASE STATEMENT

To the Parent/Guardian: Please sign the release statement below and give this form to your child's school principal. To complete your child's application, it is necessary that we receive a copy of his or her school transcript.

In accordance with federal and state laws, I hereby authorize

Current school _____

to release the information indicated below.

Candidate Name _____

Parent's Signature _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

Home Phone (_____) _____

Date _____

To the Parent: The student named above is a candidate for admission to Camp of Dreams. Please submit as soon as possible (current and previous year records):

- Final grade report, fifth grade**
- Mid-year grade report, fifth grade**
- Final grade report, sixth grade**
- Mid-year grade report, sixth grade**
- Final grade report, seventh grade**
- Mid-year grade report, seventh grade**
- Final grade report, eighth grade**
- Mid-year grade report, eighth grade**

Please return this form along with the records to:

CAMP OF DREAMS
1235-A N. Clybourn, Suite 362
Chicago, IL. 60610

or fax to: CAMP OF DREAMS
312-266-0123
email to: info@campofdreams.org

Recommendations

We would like two recommendations included with this application packet, one from a Counselor/Principal and one from a Teacher/Coach.

Please copy this page and give it to the people writing recommendations. Thank you.

The recommendation should address the following:

How long have you known the applicant and in what capacity?

What can you tell us about the applicant's academic performance, response to critique, openness to learning and trying new things, sense of responsibility, and overall attitude toward life?

Please let us know what, in particular, makes you think that the applicant will benefit from the Camp of Dreams.

Thank you.

Recommendations

We would like two recommendations included with this application packet, one from a Counselor/Principal and one from a Teacher/Coach.

Please copy this page and give it to the people writing recommendations. Thank you.

The recommendation should address the following:

How long have you known the applicant and in what capacity?

What can you tell us about the applicant's academic performance, response to critique, openness to learning and trying new things, sense of responsibility, and overall attitude toward life?

Please let us know what, in particular, makes you think that the applicant will benefit from the Camp of Dreams.

Thank you.