



1235A N. Clybourn, Suite 362  
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phone: 312. 649. 5551  
fax: 312.643.1036  
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[www.campofdreams.org](http://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 \_\_\_\_\_
- Family Data \_\_\_\_\_
- Student Essay Response \_\_\_\_\_
- 2 Letters of Recommendation (Principal and Teacher/Coach) \_\_\_\_\_
- Title 20 Information  
(Case Identification number and copy of Medical Card) \_\_\_\_\_
- Release and Hold Harmless Insurance Form \_\_\_\_\_

How did you hear about us? (Friend, Family, School, Organization) Please give us names so we can thank them. \_\_\_\_\_

**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 \_\_\_\_\_

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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:

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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, second grade**
- Final grade report, third grade**
- Final grade report, fourth grade**
- Final grade report, fifth grade**
- Final grade report, sixth grade**
- Final grade report, seventh grade**
- Final grade report, eighth grade**
- Final grade report, ninth grade**
- Final grade report, tenth grade**
- Final grade report, eleventh 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  
312.643.1036  
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.

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