



# MVP BASKETBALL CAMP SCHOLARSHIP APPLICATION 2017

ONE APPLICATION PER CAMPER *Mail or Fax Application to:*

MVP Basketball Camp, P.O. Box 655, Croton Falls, NY 10519 Fax (914) 380-6745

Name \_\_\_\_\_ Age as of Camp \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_  Boy  Girl  I have previously attended MVP Camp

Home Phone \_\_\_\_\_ How did you hear about MVP? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

### SELECT ONLY ONE WEEK OF YOUR CHOICE WITH INITIAL APPLICATION

JUNE 26-30 for BOYS 6-16 and GIRLS 6-13, RYE and WHITE PLAINS

JULY 5-7 SKILLS ACADEMY FOR BOYS AND GIRLS 11-16, RYE Only

**WHITE PLAINS WEEKS** For Co-ed 6-8, Boys 9-10, Boys 11-12, Boys 13-16

And older girls who wish to compete against boys

JULY 10-14  JULY 17-21  JULY 24-28  JULY 31-AUGUST 4

### SCHOLARSHIP GUIDELINES FOR 2017

Firm application deadline of June 15, 2017

All children not referred by an agency listed on page 2 of this application must secure a letter of recommendation from a teacher.

### ADDITIONAL WEEKS MAY BE PURCHASED FOR 25% OFF

But only after one-week scholarship has been approved.

All additional weeks MUST be paid in full by first day of scholarship week

Base prices before any discounts

5-day Camps **\$400**

3-day Skills Academy **\$240**

Multiple week and Early Bird discounts also applicable for additional scholarship weeks:

**5% off** if paying for 2 or 3 weeks from your household

**10% off** if paying for 4 or more weeks from your household

Additional **5% off** if paying by April 30

*Optional Extended Care 4-5:30 PM*

*Free with full scholarship week, \$15 per day for additional weeks*

### Payment info for additional weeks

Please make checks payable to **MVP BASKETBALL CAMP**

Please charge my credit card  Visa  MasterCard

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_

Enclosed is my payment of \$ \_\_\_\_\_ for \_\_\_\_\_ weeks

Includes extended care.

Payment is for multiple children. Name(s) \_\_\_\_\_

Payment is refundable up to June 15, 2017 (less \$50 administration fee)

### GENERAL HEALTH INFORMATION

Please identify any medical condition or prescription medicine taken that would require special attention from MVP's staff and certified athletic trainer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Carrier Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### RELEASES

#### RELEASE OF LIABILITY In consideration of my minor child/ward being allowed to participate in this basketball camp program, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the basketball activities involved in this program is always present due to the nature of the sport; and
2. For myself, spouse, and child I knowingly and freely assume all such risks and medical costs associated with my child's participation;
3. I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, indemnify, and hold harmless MVP Basketball Camps, Inc., its affiliates, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and lessors of camp facilities, for injury, disability, death, or loss or damage to person or property resulting or arising from my child's activities while attending MVP Basketball Camp.

**PHOTOGRAPHY RELEASE** I agree that MVP Basketball Camps, Inc. has the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

**HEALTH RELEASE** I hereby certify that the camper named in this application is in good health and fully able to participate in all activities of the basketball camp. Furthermore I give permission for this camper to receive emergency medical treatment if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the coverage for any medical treatment.

I HAVE READ THIS **RELEASE OF LIABILITY, PHOTOGRAPHY RELEASE AND HEALTH RELEASE**, AND I FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH-OUT ANY INDUCEMENT.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Date



# MVP BASKETBALL CAMP SCHOLARSHIP APPLICATION 2017 (continued)

## APPLICATION REQUIREMENTS FOR A ONE-WEEK FULL SCHOLARSHIP:

Scholarships will be awarded based on family income guidelines unless applying for a **Hoops for Troops** scholarship, and based on a positive letter of recommendation from school or the recommendation of a social service agency.

- Submit this MVP Scholarship Application or the online form at [www.mvpbasketballcamp.org](http://www.mvpbasketballcamp.org)
- Submit copy of the pages from a 2015 or 2016 Federal Tax return that show adjusted gross income and number of dependents or name, rank, and relationship of family member in the military.
- Submit letter of recommendation from a teacher, counselor, coach, or principal at school, unless recommended by one of the agencies in the right column .

## GUIDELINES FOR SECURING ADDITIONAL CAMP WEEKS IF DESIRED:

Any additional non-scholarship weeks can be purchased at 25% of the regular price **ONLY** after you receive word that a scholarship has been granted.

If you check off more than one week with your initial scholarship application we will call you to verify that you wish to pay for the additional weeks.

**All additional weeks must be paid for in full by THE FIRST DAY OF CAMP or these weeks will be opened up to another camper**

## FINANCIAL INFORMATION

Eligibility for need - based scholarships is based on the following criteria and conditions, including household size\* and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship.

*\*Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).*

| Total Household Size* | Yearly Income   |
|-----------------------|-----------------|
| <u>2</u>              | <u>\$35,000</u> |
| <u>3</u>              | <u>\$45,000</u> |
| <u>4</u>              | <u>\$55,000</u> |
| <u>5</u>              | <u>\$65,000</u> |
| <u>6</u>              | <u>\$75,000</u> |
| <u>7</u>              | <u>\$85,000</u> |
| <u>8</u>              | <u>\$95,000</u> |

Please indicate your adjusted gross annual income for the most recently completed year for which you have tax records. This income should be from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- Below \$35,000**     **\$35,000 - \$45,000**     **\$45,000 - \$55,000**     **\$55,000 - \$65,000**
- \$65,000 - \$75,000**     **\$75,000 - \$85,000**     **\$85,000 - \$95,000**     **over \$95,000**

Number of dependents \_\_\_\_\_ Others in household (please list) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any extenuating financial circumstances, permanent or temporary, that MVP should consider when making a final decision on your scholarship application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child attend public school in White Plains?

- Yes  No

Please check the appropriate agency referring you, **if any**:

- Boys and Girls Club     Theodore D. Young     Andrus
- Slater Center     Jefferson Elementary Program
- NewFlex Hoops     WJCS Hostos
- WJCS MLK School     WP Youth Bureau     Westhab
- None of the above

**If not referred by any of these organizations, please indicate name of teacher providing recommendation:**

\_\_\_\_\_

## CAMPER STATEMENT

Why would you like to attend MVP Basketball Camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that all the information on this application is accurate to the best of my knowledge.

**Parent or guardian signature**

Date \_\_\_\_\_

**If you have any additional questions, please contact Executive Director Noel Muyskens at (914) 946-1231 or visit our website at [www.mvpbasketballcamp.org](http://www.mvpbasketballcamp.org)**