



# MVP BASKETBALL CAMP SCHOLARSHIP APPLICATION 2016

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 2016) \_\_\_\_\_

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

Address \_\_\_\_\_ 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 \_\_\_\_\_

*Please check weeks attending:*

**NORTH SALEM CAMP** Boys 9-16  JUNE 27-JULY 1

**SKILLS ACADEMY** in Rye, NY for Boys and Girls 11-16  JULY 5-8

**WHITE PLAINS CAMPS AT DELFINO PARK** Boys 9-12

JULY 11-15  JULY 18-22  JULY 25-29  AUGUST 1-5

**WHITE PLAINS CAMPS AT HIGHLANDS MIDDLE SCHOOL**

Boys 13 -16, Co-Ed 6-8, and Older Girls (age range varies by week)

JULY 11-15  JULY 18-22  JULY 25-29  AUGUST 1-5

*Basic scholarships cover just one week*

*Fees and discounts for additional weeks if paid by June 15:*

Base Price for 5-day camps **\$400 per week**, Base Price for 4-day Skills Academy **\$320**

**Discounts for scholarship recipients:**

25% off for each added non-scholarship week (only after approval of initial application)

Additional 5% off if paying by April 30

After June 15: \$420 per week with no discounts

Optional Extended Care 4-5:30 PM -One week included w/ scholarship, Extra weeks \$50/wk

All spots filled first come/first served. No additional weeks held until paid in full.

**PAY ONLY AFTER INITIAL SCHOLARSHIP HAS BEEN GRANTED**

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

Please charge my credit card  Visa  MasterCard

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

My payment of \$ \_\_\_\_\_ is for \_\_\_\_\_ additional weeks

Includes extended care.

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

Payment is refundable up to June 15, 2016 (less \$50 administration fee)

**Scholarship Application continued on back or page two**

## 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 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 2016 (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.

- Submit this MVP Scholarship Application or the online form at [www.mvpbasketballcamp.or](http://www.mvpbasketballcamp.or)
- Submit copy of the pages from a 2014 or 2015 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.

## GUIDELINES FOR SECURING ADDITIONAL CAMP WEEKS IF DESIRED:

Applicants may apply for a **Stan Greene Memorial Scholarship** that can cover one additional week on full scholarship. These grants are competitive and limited to 10 per year. To apply, submit a second letter of recommendation, a report card, and a one-page essay written by the student about either community service or leadership.

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.

**Name of teacher, counselor, or coach providing recommendation:**

\_\_\_\_\_

## 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	Monthly Income
<u>2</u>	<u>\$32,560</u>	<u>\$2,714</u>
<u>3</u>	<u>\$39,220</u>	<u>\$3,269</u>
<u>4</u>	<u>\$45,880</u>	<u>\$3,824</u>
<u>5</u>	<u>\$52,540</u>	<u>\$4,379</u>
<u>6</u>	<u>\$59,200</u>	<u>\$4,934</u>
<u>7</u>	<u>\$65,860</u>	<u>\$5,489</u>
<u>8</u>	<u>\$72,520</u>	<u>\$6,043</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 \$32,560**  
  **\$32,560-\$39,220**  
  **\$39,220-\$45,880**  
  **\$45,880-\$52,540**  
 **\$52,540-\$59,200**  
  **\$59,200-\$65,860**  
  **\$65,860-\$72,520**  
  **over \$72,520**

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?

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## CAMPER STATEMENT

Why would you like to attend MVP Basketball Camp?

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\_\_\_\_\_

\_\_\_\_\_

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)**