



Child's School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ Name of Child's Teacher: \_\_\_\_\_

\_\_\_\_\_

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Please tell us why you think your child is an ideal candidate for the Camp 'Ōhi'a Scholarship Program.

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If your child is awarded a summer camp scholarship, they will receive one camp opportunity and t-shirt.

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- Please attach a letter of recommendation from your child's classroom teacher, nominating your child for the Camp 'Ōhi'a Scholarship Program.
- If awarded a financial scholarship, I agree to have my child write/create a thank you for the generous donations received towards the Camp 'Ōhi'a Scholarship Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**Sponsored by Johnson 'Ohana Charitable Foundation**