

PENINSULA PUFFERS SCHOLARSHIP APPLICATION & CRITERIA

Complete if you are requesting a Scholarship for the program. To be eligible for a scholarship, this form must be complete and faxed to 907-349-0637 or emailed to info@aafaalaska.com by May 15, 2025.

Participant's Name: Last _____ First _____ Middle Initial _____

☐ Male ☐ Female _____ / _____ / _____
Date of Birth Current Age

Parent/Guardian (if applicable): Last _____ First _____ Middle Initial _____ Relationship to Child _____

Address: Street Number _____ Apt. Number _____ Home Phone (____) _____

City _____ State _____ Zip Code _____

Email Address of parent/guardian: _____

How much of the registration fee can you afford to pay? _____

(\$600, \$400, \$200 or less)

Are you currently unemployed? ☐ Yes ☐ No

Receiving any unemployment benefits? ☐ Yes ☐ No

Are you currently receiving medical assistance? ☐ Yes ☐ No

Are you currently receiving any other form of public assistance (food stamps, etc.)? ☐ Yes ☐ No

Is your child attending another camp this summer? ☐ Yes ☐ No

If so, are they receiving a scholarship or sponsorship from that camp? ☐ Yes ☐ No

Does your child use daily asthma medications? ☐ Yes ☐ No

How many asthma exacerbations has your child experienced in the last 4 months? _____

Does your child know their asthma triggers? ☐ Yes ☐ No

BASIC SCHOLARSHIP CRITERIA

- Campers must submit a written letter about why they would like to attend asthma camp and what they hope to learn. Letters will weigh heavily in scholarship decisions. Camper age will be taken into consideration when reviewing letters
- Both financial need and severity of asthma will be used to determine eligibility and amount of support. In order to support the maximum number of participants, partial scholarships may be awarded.

Parent/Guardian's Signature _____ Date _____

WHY I WANT TO ATTEND PENINSULA PUFFERS ASTHMA
CAMP THIS SUMMER

BY _____