

# Live Your Legacy Camp

August 6-11th, 2017



## STUDENT INFORMATION FORM

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname or preferred Name: \_\_\_\_\_ Student Email \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ CELL Phone Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-shirt size: Adult Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_

Race: (please check all that apply)

Native American       White       Asian American       African American

Latino       Other, please specify: \_\_\_\_\_

Ethnicity:

Hispanic       Non-Hispanic

### School

School you currently attend: \_\_\_\_\_

City: \_\_\_\_\_

Name of school official recommending you: \_\_\_\_\_ Phone: \_\_\_\_\_

In the summer of 2017, I will be a rising  10<sup>th</sup> grader  11<sup>th</sup> grader  12<sup>th</sup> grader

### Parent / Guardian Contact Information

Mother/Guardian name \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_

Day/Work phone \_\_\_\_\_ Evening/cell Phone: \_\_\_\_\_

Father/Guardian name \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_

Day/Work phone: \_\_\_\_\_ Evening/cell Phone: \_\_\_\_\_

### Additional Information

Please list any organizations or groups that you belong to and any volunteer work that you do in the community:

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List at least 3 great reasons why you should be selected to attend this camp. Use a separate sheet for your answers if needed:

4. What do you hope to get out of this camp experience?

5. Are there any personal, family or special circumstances that may be useful to know in evaluating your application?

6. Additional questions or thoughts?

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Student Signature

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Date

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**PARENT OR GUARDIAN FORM**

I would like my student to attend the Live Your Legacy Girl's Camp because:

Please advise us of any problems or concerns that the camp director and counselors need to know that may prevent your child from fully participating in camp activities and field trips (Examples: allergies; never been away from home; shyness; needs encouragement). All information will be held in confidence and only the camp director, counselors, or other qualified persons will have access to this information.

\_\_\_\_\_ **HAS MY PERMISSION TO ATTEND THE 2017 Live Your Legacy Camp On Montreat's Team & Leadership CAMPUS.**

**I will be paying:**      -1 full payment of \$1,000 by June 20<sup>th</sup>, 2017 \_\_\_\_\_  
                                     -3 payments of \$400 on June, July and August 20<sup>th</sup> \_\_\_\_\_

**-We are applying for a scholarship.** \_\_\_\_\_

**We will be paying by:**  
Check(s) \_\_\_\_\_  
Credit Card \_\_\_\_\_

I understand that during camp students live on the Montreat University's Leadership Campus in Black Mountain, NC and that this will be a supervised residential experience.

Parents or Guardians, or students who have signed permission forms to drive themselves (see Driver Permission Form) to the camp, will be responsible for transportation to camp on **Sunday, August 6, 2017** and for transportation back home on **Saturday, August 11, 2017**.

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian – (Can type in your name)

\_\_\_\_\_  
Date

**Application Deadline: Friday, June 9, 2017**

**Mail or Email Completed Forms to:**  
i.b.mee. Enterprises  
Attn: Meg Hanshaw  
16 Audubon Dr.  
Asheville, NC 28804 [meg.hanshaw@ibmee.org](mailto:meg.hanshaw@ibmee.org)

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**FACULTY RECOMMENDATION FORM**

**DEADLINE FOR SUBMISSION: Friday, June 9th, 2017**

Name of Student: \_\_\_\_\_  
(Please Print)

1. Why would this student benefit from attending the Live Your Legacy Summer Camp?

2. Give an example of how this student respects others.

3. Please give an example of when this student has been responsible and/or dependable.

4. Will student be comfortable with students of other racial or ethnic backgrounds?  Yes  No

5. Are there any concerns or issues about this student that the camp director/counselors should be aware of (i.e., never been away from home; student is shy; needs encouragement; family hardships; problem attitude; violent or angry; doesn't want to be part of a team)?

6. How long have you known this student?  Less than 1 year  1-3 years  More than 3 years

7. Additional comments:

I,  Recommended  Recommend with reservation  Do not recommended

I am also verifying this student has a C+ or above grade point average.

\_\_\_\_\_  
Name (Please Print or Type)

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

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**Request for Scholarship**

Filled out by **PARENT OR GUARDIAN**

I/We would like for (*student name*) \_\_\_\_\_ to attend the Live Your Legacy Summer Camp. The total cost for the camp is \$1200.

**We can afford to pay** (*please check*)

- 1.  \$200.00
- 2.  \$400.00
- 3.  \$600.00
- 4.  \$800.00
- 5.  \$1000.00

Number of people living in the household, including this child:

- 1     2     3     4     5     6     more than 6 (*please indicate number*) \_\_\_\_\_

Average annual income level for the household (*please check one*)

- \$0 - \$19,999                       \$50,000 – \$59,999                       \$90,000 - \$99,999
- \$20,000 - \$29,999                       \$60,000 - \$69,999                       \$100,000+
- \$30,000 – \$39,999                       \$70,000 - \$79,999
- \$40,000 – \$49,999                       \$80,000 - \$89,999

Please advise us of **any** problems, concerns or circumstances that i.b.mee. Enterprises should be aware of in order to make a decision regarding the provision of assistance for the student (*i.e., if the student does not receive assistance, he/she will not be able to attend; more than one child attending camp, etc.*). We want all students to have access to this opportunity regardless of economic status. *All information provided is strictly confidential.*

**Comments:**

Please print parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attach to camp application and mail or email to: i.b.mee. Enterprises  
Attn: Meg Hanshaw  
16 Audubon Dr.

Asheville, NC 28804    email: [meg.hanshaw@ibmee.org](mailto:meg.hanshaw@ibmee.org)