



CAMPER NAME: _____

School Grade: _____ Returning Camper: Yes No**CAMP WAR EAGLE****2020 SUMMER CAMP APPLICATION****CAMPER QUALIFICATIONS**

All campers earn the opportunity to attend Camp War Eagle by at least meeting the minimum camper qualifications as listed below. Camper qualification documentation **must be signed** by a teacher, counselor, volunteer project leader, organization group leader or supervising adult, **and must be completed and returned to Camp War Eagle to be considered for acceptance.** Camper qualifications may be submitted by teachers or leaders via mail, fax, email (qualifications@campwareagle.org) or through our website.

Attach additional sheets as needed. This is **NOT** optional.

MINIMUM CAMPER QUALIFICATIONS FOR SUMMER 2020

Campers who do not meet the qualifications as outlined will NOT be eligible for enrollment, however, meeting minimum qualifications does not guarantee enrollment. *The completion of additional qualifications is encouraged and will be considered in the selection process.*

	Scholastic Behavior & Performance	Volunteer Time	Community Involvement	Note: A Scholastic Behavior & Performance Qualification is required for EVERY camper application.
1st Year Campers <small>(never attended Camp War Eagle)</small>	✓			
2nd and 3rd Year Campers <small>(attended Camp War Eagle 1 or 2 years)</small>	✓	✓ OR	✓	<i>2nd & 3rd Year Campers must submit either Volunteer Time OR Community Involvement</i>
4th Year or More Campers <small>(attended Camp War Eagle 4 or more years)</small>	✓	✓	✓	<i>4th Year or More Campers need BOTH Volunteer Time AND Community Involvement. 10 extra hours of Volunteer Time may be counted as Community Involvement</i>

SCHOLASTIC BEHAVIOR & PERFORMANCE

(MUST be verified and signed by teacher or school counselor)

Teachers/Counselors: A successful camper must be able to function independently in a daily or overnight summer camp atmosphere for a one-week to two-week time period. If the camper appears to have any serious behavioral issues or special circumstances that might prevent him/her from living and interacting cooperatively with others in a camp setting, please contact Camp War Eagle. The existence of a "limiting" condition does not necessarily exclude a child from acceptance into a session at Camp War Eagle.

- Exhibits good behavior (interacts cooperatively with other children and school personnel)

Behavior Comments: _____

- Maintains a minimum "C" or "70" average (or equivalent) and exhibits good effort

Scholastic Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone Number: _____ Email: _____

CAMP WAR EAGLE

14323 Camp War Eagle Road • Rogers, AR 72756 • (479) 751-8899 • Fax (479) 751-8791 • qualifications@campwareagle.org
www.campwareagle.org

Please see reverse side for Volunteer Time, Community Involvement and additional comments. →



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VOLUNTEER TIME

(MUST be verified and signed by volunteer project leader or adult supervising project; attach additional sheets as needed)

ELEMENTARY (Grades 1st—5th) requires **10 hours**

MIDDLE, JUNIOR HIGH, HIGH SCHOOL (Grades 6th—11th) requires **20 hours**

- voluntary involvement in a recognized community service organization or project, OR
- voluntary involvement in an informal supervised community service project (such as care for the elderly, cleaning up an abandoned site, doing yard work for someone who is not capable of doing so, etc.)

Description of project or service performed _____

Number of hours completed: _____ Date(s) of project or service performed: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone Number: _____ Email: _____

COMMUNITY INVOLVEMENT

(MUST be verified and signed by organization group leader; attach additional sheets as needed)

- Regular participation in a recognized organization, such as OZONE, Boy Scouts, Girl Scouts, Church youth groups, sports teams, 4-H clubs, student council, etc. (10 extra hours of Volunteer Time may be counted as Community Involvement if Community Involvement is not possible.)

Name of Organization _____

How often does this organization meet? _____ Does this child regularly attend? _____

List of activities, projects, etc: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone Number: _____ Email: _____

OPTIONAL: Please include any additional information that may be helpful when reviewing this application. This may be completed by the camper, parent, teacher, counselor, or group leader.

CAMP WAR EAGLE