

FORKHORN CAMP APPLICATION



SCHOLARSHIP

DATE: ___/___/___

CAMPER NAME: _____ DATE OF BIRTH ___/___/___ GENDER ___

ADDRESS OF CAMPER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT / GUARDIAN NAME: _____

ADDRESS OF PARENT / GUARDIAN: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE – HOME: (_____) _____ - _____ OTHER: (_____) _____ - _____ work __, cell __

EMAIL ADDRESS: _____

ARE YOU A MDHA MEMBER? (Required) _____ CHAPTER: _____

MEMBER NAME: _____ MEMBERSHIP ID # _____

CAMP LOCATION: _____ SESSION/DATE: _____

DEPOSIT TO BE SENT TO THE CAMP: **\$100**

EXPECTATIONS FOR REQUESTING A SCHOLARSHIP:

- AN ATTACHED LETTER EXPLAINING WHY YOU WOULD LIKE TO RECEIVE A SCHOLARSHIP TO ATTEND FORKHORN CAMP.
- WRITE A COUPLE OF PARAGRAPHS ABOUT YOUR EXPERIENCES AT CAMP UPON RETURNING HOME FROM CAMP. PLEASE SEND TO LEAH AT THE STATE OFFICE AND INCLUDE A PICTURE. (Your camp experience and picture may be used for MDHA's "Whitetales" magazine)
- SEND A THANK YOU TO THE PERSON THAT FUNDING YOUR SCHOLARSHIP.

RETURN THIS APPLICATION TO YOUR LOCAL CHAPTER FOR SCHOLARSHIP CONSIDERATION. (Not to the camp.)

SEND THE REGISTRATION FORM AND DEPOSIT OF \$100 DIRECTLY TO THE CAMP TO SECURE YOUR CHOICE OF LOCATION AND DATE.

INFORM US OF YOUR SUCCESSFUL REGISTRATION AND CAMP CHOICE.

Completion of this form does NOT guarantee a scholarship.

I AUTHORIZE MDHA TO USE ANY PHOTOGRAPHS TAKEN AT MDHA FUNCTIONS IN PUBLICATIONS. Please initial if **not** OK. Initials _____

FOR OFFICE USE

Scholarship Awarded:

Letter Received: _____

Camp Experience Received: _____

MDHA Executive Assistant/Education
Coordinator:

Leah Braford
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Grand Rapids, MN 55744
(218) 327-1103 Ext 14 –
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