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Administrative Offices: 2880A Sacramento St. (cross street Russell), Berkeley, CA 94702

Stacy Raye Memorial Scholarship Application

General Information:

Monkey Business Camp offers unique opportunities for kids to explore Tilden Park, connect with old and new friends and caring teens and adults, and to participate in a variety of fun, engaging activities. Girls on the Go Camp, specifically designed to meet the emotional and developmental needs of girls ages 9 to 13, allows girls to explore their communities, play, bond, and learn in an adventure-packed program. Traveling by public transportation, girls learn how to access the diversity of their communities in a well-supervised program. It is our hope that everyone should be able to participate in our programs.

This memorial fund was started in honor of Stacy Raye, a Founding Director of Monkey Business Camp and Girls on the Go Camp, who passed away from cancer in Feb, 2011. This year the fund is directed to help a child touched by cancer to attend any program for up to one month. Stacy was all about spreading joy in the world of children and we hope to honor her memory this year in this way. For more details about Stacy and to see photos, visit this link: <http://www.monkeybusinesscamp.com/about.htm>.

At the end of the scholarship recipient's time at camp, we will briefly interview the camper and family so that we can share a little about them with the fund's donors. Sample questions include "What did this scholarship mean to you?", "How has cancer affected your life?", and "What was your favorite part of camp?". We will do a small write-up using your answers, and post it along with photos of your camper. You can see the 2011 write-up at <http://www.monkeybusinesscamp.com/listmanager/thankyou.html>.

How to Apply:

1. Please complete attached form (all info is considered confidential)
2. Turn in completed applications to our office. Send by post, drop in our 24 hour accessible mailbox outside of our office, or scan the application and documents and e-mail to us. *Do not stop into the office.* Applications must be received one month before the program start, unless there is still money available. Call the office if you are unsure.
3. We review applications weekly and will send notification regarding your award ASAP.



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CONFIDENTIAL Application for Stacy Raye Memorial Scholarship

Date of Application: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Telephone(s): _____

E mail: _____

Please list the name of your child/children on the lines provided. Next, find the correct site and age group, then mark, in the correct table, the box of the weeks s/he wishes to attend. Also mark the hours needed- basic day only or also extended care. There is a maximum of 4 weeks/child that we can award.

Name of your Child: _____ Date of Birth _____

Additional Children: (submit another page if you desire different weeks for each child)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

SITE: Tilden Park, Berkeley AGE GROUP: Campers 5-10 years NAME: Bananas, Mangos, Coconuts

Please mark up to 4 weeks total/child – by placing 'X's by your selections

Camp Weeks	Basic Day (8:30am-3:30pm)	8:00-8:30am extended care	3:30-6:00pm extended care
June 11-15			
June 18-22			
June 25-29			
July 9-13			
July 16-20			
July 23-27			
July 30-Aug 3			
Aug 6-10			
Aug 13-17			
Aug 20-24			
Aug 27-31			

SITE: Shepherd of the Hills Lutheran Hall, Berkeley AGE GROUP: Campers 3-4 years NAME: Papayas

Please mark up to 3 weeks total/child – by placing 'X's by your selections

Camp Weeks	Early Pick Up (8:30am-1:00)	Basic Day 8:30am-3:30 pm	3:30-6:00 Extended care
Aug 13-17			
Aug 20-24			
Aug 27-31			



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SITE: Girls on the Go Camp AGE GROUP: Campers 9-13 years

Please mark 4 weeks total/girl by placing 'X's by your selections

Camp Weeks	Basic Day (8am-4pm)	Full Day (8am-6pm)
June 11-15		
June 18-22		
June 25-29		
July 9-13		
July 16-20		
July 23-27		
July 30-Aug 3		
Aug 6-10		
Aug 13-17		
Aug 20-24		

Please explain how your child/children's life has been touched by cancer. Your child does not have to have cancer, but, if in some way, your family life has been affected by this disease, and it would be helpful to receive this month of camp, via a scholarship, please describe.

I acknowledge, by my signature below, that all of the information I have provided is true, accurate, and complete, to the best of my knowledge and I authorize Monkey Business Camp, Inc. to verify it. I acknowledge that I have read all of the policies and procedures and agree to abide by the Monkey Business Camp guidelines.

Signature _____

Date _____

For Office Use Only

Date Received _____

Date Reviewed _____

Date Contacted Family _____

By E-mail _____ Post _____

Date Received Response from Family _____

Answer: Yes? _____ No? _____