

## 2018 Summercise

## **NEC Tribal Member Application**

- Registration for summercise will be on line at Norton Sound Health Corporation, Camp Department
- Fill out this NEC scholarship application.
- We will notify the camp department on this JOM scholarship and they will let us know if you handed in a summercise registration form for your child(ren)
- Staff at NEC will then contact parents by phone, and a letter will be sent out regarding the amount of your child(ren) scholarship and what you will have to pay for the your child(ren) summercise registration.

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Scholarship forms need to be returned to Nome Eskimo Community no later than Thursday, May 31, 2018.

Parents are responsible for a portion of the summercise fees.

If you have question/concerns regarding NEC's scholarship application please contact:

Toni Smith
Tribal Services Specialist
Nome Eskimo Community
PH # 907-443-9128

Dawn Warnke
Tribal Services Director
Nome Eskimo Community
PH # 907-443-2246

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See other page for Scholarship Application

## **Summercise Scholarship Application**

Is your child enrolled to Nome Es	kimo Community	/: □ Ye	s 🗆 No			
				1 1		
Childs First Name	Last Name		Age	DOB	Grade	Gender
Mailing Address	- Address		State		Zip	
Parent/Guardian First Name		Last Name				
Parent/Guardian Day Phone Nu	mber	Parent/Guardian Home Phone Number				
Parent/Guardian Signature				Date		
Circle what session your child is a	going to be regist	ered for:				
Session #1; June 11 <sup>th</sup> thru June 2	8 <sup>th</sup> :					
Session #2; July 9 <sup>th</sup> thru July 26 <sup>th</sup> :						
••••••	••••••	••••••	•••••	•••••	•••••	•••••
Cost per # of children  1 - \$45 session 1; with pool \$75;  2 - \$80 session 1; with pool \$140  3 - \$105 session 1; with pool 195  4 - \$120 session 1; with pool \$24  5 - \$125 session 1; with pool \$27	; both sessions \$3 ; both sessions \$3 0; both sessions \$	140; with pool 195; with pool \$240; with poo	\$190 \$270 ol \$340			
NEC Scholarship \$		Parents Co-pay \$				
Tribal Services Staff	<del></del>	 Date				