



Delegate Application for NCCJ ANYTOWN Summer Programs 2010

Please check which statement applies to you.

- I am applying for the July Session (Session 1) which will be held on July 25-30, 2010.
- I am applying for the August Session (Session 2) which will be held on August 1-6, 2010.
- I can attend either session in July or August.

Please type or print legibly.

Legal First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Grade you will enter next fall \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (Circle One): Female Male

High School \_\_\_\_\_ Yr. Of Graduation \_\_\_\_\_

Address (where you want your mail to go) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Your Home Phone Your Mobile Phone

Your Primary Email Address \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Your Parent's Name \_\_\_\_\_

Your Parent's Email Address \_\_\_\_\_

Your Parent's Work Phone \_\_\_\_\_

To ensure diversity at ANYTOWN, we ask that you please check any / all of the following that apply to you: *(This information is confidential and will be viewed by NCCJ staff only. It will not be used or disclosed for any other purposes.)*

1) *Racial / Ethnic Identity & Heritage:*

- American Indian / Native American
- Asian / Asian American
- Bi-Racial / Multi-Racial (please specify) \_\_\_\_\_
- Black / African American
- Jewish
- Latino (a) / Hispanic / Chicano (a)
- Middle Eastern
- Pacific Islander
- South Asian
- White / Caucasian / European American
- Other (please specify) \_\_\_\_\_

2) *Religious Affiliation*

- |                                    |   |                                       |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Agnostic  | <input type="checkbox"/> Hinduism             | <input type="checkbox"/> Spiritualism |
| <input type="checkbox"/> Atheism   | <input type="checkbox"/> Islam                | <input type="checkbox"/> Taoism       |
| <input type="checkbox"/> Baha'i    | <input type="checkbox"/> Judaism              | <input type="checkbox"/> Other_____   |
| <input type="checkbox"/> Buddhism  | <input type="checkbox"/> Native American      | _____                                 |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Nonreligious Secular |                                       |
| Denomination: _____                | <input type="checkbox"/> Sikhism              |                                       |

Name of Church/House of Worship (if any) \_\_\_\_\_

Please use the following space to tell us any additional information about your identity that you would like to share:

---

---

---

---

---

---

---

**Tuition, Fees & Financial Aid**

- A \$40 non-refundable registration fee is required to process your application.
- Camp tuition is \$400. *(The actual cost of ANYTOWN was over \$800 per delegate last year.)* Receive an early-bird tuition discount of 10% if you pay in full by May 1st for Session I and by June 1st for Session II.
  - o Financial aid is available.
  - o In order to assure your space at ANYTOWN, tuition must be paid or scholarship arrangements confirmed four weeks before camp starts.
  - o A 50% refund of tuition will be made upon written request when a cancellation is made three weeks before a session.
  - o A full refund of tuition will be made if a cancellation is because of a delegate's illness. A doctor's statement of the delegate's inability to participate must be submitted with the parent's written request. Submit refund requests before August 10, 2010.
  - o No refund will be given for campers who leave sessions early.

*All information you provide will be kept confidential. Please remember that the total tuition and fees for ANYTOWN 2010 is \$440.00. Please complete one or more of the following:*

- I am not applying for financial aid. I have enclosed \$\_\_\_\_\_
- I am applying for financial aid. I have enclosed \$\_\_\_\_\_ and a financial aid form requesting \$\_\_\_\_\_ in financial aid.
- I am enclosing \$\_\_\_\_\_. Please contact me to discuss installment payments.
- In addition to paying for my child's tuition, I would like to contribute an additional \$\_\_\_\_\_ to NCCJ to ensure that ANYTOWN serves as many youth as possible.

We accept cash, checks, money orders and all major credit cards. For credit card payments call our office at 272-0359 or visit [www.nccjtriad.org](http://www.nccjtriad.org) to pay online. You can only pay the application fee and/or the full tuition online.

**Parent/Guardian Signature**

By signing below, I give my permission for the young person named above to apply as a delegate for the NCCJ of the Piedmont Triad ANYTOWN2010 residential program.

PARENT/GUARDIAN: \_\_\_\_\_  
(Print Name)

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Sign Name)

**Community Member Endorsement**

We ask that each applicant obtain an endorsement from a teacher, counselor, principal, supervisor or clergy. *By endorsing this student, I agree that (s)he is physically, emotionally, and mentally capable of participating in ANYTOWN which challenges students to discuss their experiences with and attitudes about human relations issues.*

Signature \_\_\_\_\_ School/Agency \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

**Applicant Questions**

Please answer all of the following questions to the best of your ability. There are no right or wrong answers. We just would like to gain a better understanding of who you are. Please feel free to attached a separate sheet of paper if you need more space for your answers.

- How did you hear about ANYTOWN?
  
- What would you like to get out of your ANYTOWN experience?
  
- If you could change one thing about how people treat one another at your school, what would it be and why do you want it to change?

MAIL, FAX OR DROP OFF YOUR APPLICATION TO:

*NCCJ ANYTOWN Delegate Application*  
NCCJ of the Piedmont Triad, Inc.  
713 North Greene Street  
Greensboro, NC 27401  
Fax: (336)272-1814

Contact Person:  
Brandi Nicole Johnson, NCCJ Program Associate  
Phone: (336) 272-0359  
Email: [bjohnson@nccjtriad.org](mailto:bjohnson@nccjtriad.org)



**nccj** The National Conference for  
Community and Justice of  
the Piedmont Triad, Inc.

For NCCJ Use Only	
Received:	_____
By:	_____
Approved:	_____
Award Amount:	_____

713 North Greene Street  
Greensboro, NC 27401  
Tel 336.272.0359  
Fax 336.272.1814  
NCCJ@nccjtriad.org

Visit our website at:  
[www.nccjtriad.org](http://www.nccjtriad.org)

**Financial Need Assessment Form**

We receive many requests for financial aid each year. Therefore, we are asking all applicants who request help to fill out the Financial Need Assessment Form below. This will help us determine your level of need. Please be assured that this information is entirely confidential. (Please PRINT your answers below.) If you have questions, or need assistance completing this form, please call the NCCJ office at 336-272-0359.

NCCJ works hard to ensure ANYTOWN delegates include a diverse population. This includes socio-economic diversity. **DON'T LET THIS FORM OR YOUR NEED FOR ASSISTANCE DISCOURAGE YOU FROM APPLYING TO ANYTOWN.** NCCJ will do its best to work with your family to cover the fees that you cannot. We do ask that you consider your financial aid request amount carefully, and that you request only what you truly need, as financial aid is limited and we would like to be able to provide aid to everyone who needs assistance.

Delegate (Camper) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 School \_\_\_\_\_

**Parent/Guardian #1**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employment  Employed  Self Employed  Unemployed (Please provide Documentation)  
 Employer: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Position \_\_\_\_\_ Annual Income \_\_\_\_\_

(If there are any additional employers, please attach the information to this application)

**Parent/Guardian #2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employment  Employed  Self Employed  Unemployed (Please provide Documentation)

**Our Mission:**

The NCCJ of the Piedmont Triad, Inc. is a human relations organization that promotes understanding and respect among all cultures, races and religions through advocacy, education and dialogue.

Employer: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_ Annual Income \_\_\_\_\_

(If there are any additional employers, please attach the information to this application)

Other Income

Please identify any and all sources of additional income and support (ex. Child support, alimony, disability, etc.):

Parent/Guardian #1

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Parent/Guardian #2

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Household

Child lives with (please check all that apply)

Parents  Parent (Mother)  Parent (Father)  Step-Parent  Guardian  
 Foster Parent(s)  Grandparent(s)  Aunt/Uncle  Other (Specify) \_\_\_\_\_

Child has  Siblings (Ages \_\_\_\_\_) Number of people in household \_\_\_\_\_

Request

I/We can pay \$ \_\_\_\_\_ of the \$40 registration fee

I/We can pay \$ \_\_\_\_\_ of the \$400 tuition fee

Certifications

If employed please attach 2 recent paystubs and a copy of the most recent W-2 form for each parent/guardian.

- I certify that the information contained in this application is complete and accurate.
- If the information contained in this application changes before or during my child's time at ANYTOWN, I will notify NCCJ immediately.
- I understand that providing false, incomplete, or misleading information may result in:
  - The loss of financial assistance
  - Required repayment to NCCJ for any financial aid provided

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**NOTE: If there are compelling circumstances or important information that you feel would help to give us a more accurate and complete picture of your financial situation, please feel free to attach a letter to this application.**