



SUMMER 2019

APPLICATION FOR TALOALI CAMBERSHIP

Guidelines

- Applications are being accepted for up to **5** OSD students to attend Camp Taloali in Stayton, Oregon, for **1** one-week session during the summer of 2019.
- **Completed applications should be sent to: Friends of OSD, PO Box 15053, Salem, OR 97309.**

Due date: April 1, 2019

Eligibility

- Applicants must be enrolled at the Oregon School for the Deaf.
- Applicants must be between the ages of 6 and 15.
- Campership recipients must also complete Camp Taloali's application, and be accepted to attend camp. Camp Taloali applications can be found at this website:

www.taloali.org

- Please write "**Friends of OSD**" on the top of the first page of the Camp Taloali application.

Selection Criteria

- **Completed applications MUST be received by the due date listed above.**
- School achievement and participation in OSD activities as appropriate will be considered.
- Campership applications will be reviewed by a committee of *Friends of OSD* board members and Oregon School for the Deaf staff.
- Applicants will be notified of the results by **April 15, 2019.**

Questions? Contact Charlotte Iliff at **char.iliff@gmail.com**



CAMPER INFORMATION

Last Name _____ First Name _____

Age _____ Grade _____ GPA (if applicable) _____

Applying for Day Camp or Overnight Camp? _____

Activities at school _____

Activities at home and in your community _____

Why do you want to go to Camp Taloali? (50 words or less) _____

Attach a signed recommendation form from at least **one teacher**.

Attach a signed recommendation form from at least **one other OSD staff**.

Parent signature/Date _____

Parent contact information (Name, mailing address, phone and/or email – PRINT CLEARLY)



OSD TEACHER RECOMMENDATION
FOR
TALOALI CAMBERSHIP

Student being recommended _____

(Please state, in your opinion, why this student is a good candidate for Camp Taloali and whether or not this student would be able to participate without the financial assistance of a *Friends of OSD* Campership.)

OSD teacher signature _____

Please print your name _____

Date _____



**OSD STAFF RECOMMENDATION
FOR
TALOALI CAMBERSHIP**

Student being recommended _____

(Please state, in your opinion, why this student is a good candidate for Camp Taloali and whether or not this student would be able to participate without the financial assistance of a *Friends of OSD* Campership.)

OSD staff signature _____

Please print your name _____

Date _____