

Eligibility

* Applicants must either be a member of ACA or Complete the [FREE One Year Member](https://www.acacamps.org/membership/free-one-year-membership)

Each applicant is eligible to receive:

* Funds toward registration fees for the virtual conference – up to 100% of the conference fee.

Application & Awarding timeline:

* Applications will be processed in the order received.

**Personal/Contact Information**

Name

Camp/ Company Name

* Not Currently Employed

If currently a student, current school Major

Address

City State Zip

Cell Phone Email

Are you an ACA member? YES NO ACA Member #

If no, are you a staff member at an ACA Accredited Camp? YES NO

Camp and Director’s Name Your Position

How much financial aid are you requesting?

\_\_\_\_\_\_Full Conference Registration OR you are willing and able to contribute $\_\_\_\_\_\_\_\_\_.

How did you become aware of this professional development opportunity?

What do you hope to gain by attending this conference/training/opportunity?

Your Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_