Great Galena Balloon Race
Camp Scholarship Application

Name_____
Gender_____
Age_____(ages 8-18 eligible)
Address_____
Phone_____

How old were you when you were diagnosed with diabetes?_____

Have you attended diabetes camp in the past? Yes / No
If yes, name of camp _____ location_____ when?_____

Tell us about yourself: (Some ideas) What do you like to do for fun? What sports do you like to play? What pets do you have? What do you want to be when you grow up?

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In 100 words or less, please tell us why you should be chosen to attend Camp Hertko Hollow? (*Please attach an additional sheet)

Transportation to and from camp will be available departing from Galena, IL or along the route to Boone, IA.

- Return completed application by **May 1st** to
  GGBR Committee P.O. Box 41 Galena, IL 61036
- You will be notified if you have been selected by May 15th.
- Campers will be responsible for full physical prior to camp
- For more information about Camp Herko Hollow go to www.campherkohollow.com or call camp director Vivian Murray at 888-437-8652.