



Camp/Educational Grant Application

1. Criteria for Selection:

Grant recipients will be selected on the basis of participation in SAILA, number of applicants, funds available, etc.

2. Application Requirements:

The application must be sent directly to SAILA - 29455 N. Cave Creek Rd. - Suite 118-275 - Cave Creek, AZ 85331

An individual applying for this grant must:

- A) Be a current member of SAILA.

- B) Be now, or in the past, a SAILA participant.

3. Payment of Grant:

The funds will be paid as a reimbursement. And will be paid only after receiving proper documentation/receipt, showing the student enrolled and completed the camp, and the tuition has been paid in full.

NOTE: Grant may or may not cover entire cost of tuition. Amount awarded is at the sole discretion of the SAILA Grant Committee and is based on an as needed basis.

**Southern Arizona Livestock Industry Research and Education Foundation
29455 N. Cave Creek Rd. - Suite 118-275 - Cave Creek, AZ 85331
(520) 792-1060
saila1935@aol.com**



**Southern Arizona Livestock Industry Research and Education Foundation
Camp/Educational Grant Application**

Name _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

email _____

Years of SAILA Participation _____ Specie(s) _____

Name of Parent(s)/Guardian(s) _____

Relationship _____ # of Members in Immediate Family _____

(Note: When answering any of the following questions please feel free to add additional sheets if needed.)

1. Have you attended a camp or clinic before? (if yes, when and what camp/clinic)

2. If you receive a grant, how will you give back to your fellow Junior Livestock peers?

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3. Which camp are you planning on attending?

A) Dates: _____

B) Location: _____

C) Contact Info for Camp: _____

D) Tuition Cost: _____ **Does this include room & board?** _____

E) Travel Cost: _____

4. Why do you want to attend this camp?

5. How will this grant help allow you to attend this camp?

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REFERENCES

You must include at least 2 references from the list below.
Any combination is acceptable.

4-H Club Leader _____ Phone: _____

FFA Chapter Advisor _____ Phone: _____

Reference #1 _____ Phone: _____

Reference #2 _____ Phone: _____

I hereby certify that the information in this application is true, accurate and complete.

Applicant _____

Parent/Guardian _____

Mail application to:

**SAILA
29455 N. Cave Creek Rd.
Suite 118-275
Cave Creek, AZ 85331**