

FREEMAN Ancestral Urban and Rural Survival Skills Training Camp

**“DON'T LET DISASTER CATCH YOU AND YOUR
FAMILY UNPREPARED,
THE TIME TO PREPARE IS NOW”**

“What we call survival should be a natural way of living, a way of life that our ancestors lived all the time”

2015 YOUTH SCHOLARSHIP APPLICATION

APPLICATION INSTRUCTIONS

1. Complete the application in its entirety, leaving no answers blank. You may fill in the information by hand (please write legibly) or enter the information on your computer, then print the form.
2. Complete all signature lines (highlighted in blue) with the appropriate signatures.
3. Mail ALL Forms and an application fee of \$35 (NOT REFUNDABLE) by July 31 Applications received before May 8, will receive a \$25 credit toward the Survival Skill Training payment. All applicants will be notified regarding acceptance into the **FREEMAN Ancestral Survival Skills Training Camp** within two weeks of submission. Application by July 31 will receive a 75% on Level I -Basic or 40% to 60% discount on Level I- Advance to Level V.

* Through the generosity of **FREEMAN Ancestral Survival Network** Sponsor, **the Family Of Nations** and donors, there are a limited number of scholarships available for students who demonstrate a financial need. If you would like to apply for a scholarship, contact Kamau at 434-964-9089 or by email Atten: Kamau at info@Fas-n.com

ALL FORMS MUST BE COMPLETED ENTIRELY, LEAVING NO BLANK ANSWERS, TO BE ELIGIBLE FOR ENROLLMENT.

Applicant Information

Name: _____ Date of Application: _____ ___ Male ___ Female

Social Security#: _____ Date of Birth: _____ Age (at time of Survival Camp): _____

HOME ADDRESS

Street: _____

City: _____

State: _____

Phone: _____

Email (do not list
Parent's Email): _____

HIGH SCHOOL INFORMATION

Name of School: _____

Street: _____

City: _____

State: _____ Zip: _____

GPA: _____

Anticipated High School Graduation Date: _____

Parental Information

Father: _____

Father's Occupation: _____

Mother: _____

Mother's Occupation: _____

The Primary Contact is: __ Father __ Mother
Legal Parent is: __Both __ Father __ Mother

**The Responsible Adult that will Accompany Minor while attending
FREEMAN Ancestral Survival Skills Training Camp**
___ Same as Above

HOME ADDRESS

___ Same as Above

Name: _____

Head of House Name: _____

Relationship: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____ Work : _____

Phone: _____ Work : _____

Cell: _____

Cell: _____

Email: _____

Email: _____

References

LIST AT LEAST ONE REFERENCE. **References should be from an employer, supervisor, teacher or coach - we will not accept references from co-workers, family member or friends.** Please attach any letter of recommendation to this application.

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Camp Information

How did you hear about the FREEMAN Survival Camp?:

____ Email ____ Flyer ____ Friend
____ Alumni ____ Relative ____ Other (please specify): _____

Which Camp Skill Training Level will you attend?:

____ Level I ____ Level II ____ Level III ____ Level IV ____ Level V

Discount Opportunity

Do you know someone who may be interested in attending the **FREEMAN Ancestral Survival Skills Training Camp**? If so, please list their contact information in the space provided below. Should one of your nominations successfully enroll, YOU WILL RECEIVE A \$50. to \$200. DISCOUNT TOWARDS CAMP TUITION!

*Limit one discount.

NOMINATION

Name: _____

Address: _____

Email: _____

Phone: _____

Relationship: _____

NOMINATION

Name: _____

Address: _____

Email: _____

Phone: _____

Relationship: _____

2011 Scholarship Application
FREEMAN Ancestral Survival Network
URBAN/RURAL SKILL TRAINING

FREEMAN Ancestral Survival Network is proud to offer a unique fall experience for School Students who have a financial need. These tuition scholarships are possible due to the Family of Nations and its generosity that give freely to FREEMAN Ancestral Survival Skills Training Camp. We award partial scholarships towards the cost of the program for Level 1 -Basic, first time participates **Only** and other Levels will receive a 45% to 60% off. ALL youth are still responsible for the application fee of \$35.00. Students are also responsible for their travel to and from the camp locations (which are in Virginia).

Applicant Name: _____

ALL FORMS MUST BE COMPLETE ENTIRELY, LEAVING NO BLANK ANSWERS. TO BE CONSIDERED FOR A SCHOLARSHIP
PLEASE USE A SEPARATE SHEET IF NECESSARY

SECTION 1: Prospective Participant

What major event in your life has shaped who you are today? Explain.

SECTION 2: Parent / Legal Guardian

What is your gross annual household income? _____

List the financial circumstances that you would like to have considered as a basis for receiving a scholarship.

Please e-mail or fax the completed scholarship application along with the following:

1. Completed 2014 camp Application (found at www.Fas-n.com)
2. Letter of Recommendation from someone other than a family member.
3. Copy of parent's most recent tax return.

TO:

FREEMAN Ancestral Survival Network
804- 652-2859 or 434-964-3940
E-mail: info.Fas-n.com
www.Fas-n.com

ACKNOWLEDGEMENT OF ALL THE INFORMATION YOU HAVE PROVIDED:

I certify that I have read and understood ALL of the **FREEMAN Ancestral Survival Network** related questions and information that you have provided me to answer; and understanding the kind of activities in which I will be engaged, and the risks that those activities involve.

I _____, SSN, _____ freely and voluntarily accept the opportunity to participate in the **FREEMAN Ancestral Survival Skills Training Camp** from October 3, to October 5, 2014.

I EXPRESSLY AND KNOWINGLY, FREELY, AND VOLUNTARILY, ACCEPT AND ASSUME ALL RISKS INVOLVED IN AND ASSOCIATED WITH ALL ASPECTS OF **THIS FREEMAN ANCESTRAL SURVIVAL NETWORK**. I EXPRESSLY AND KNOWINGLY, WAIVE ANY AND ALL RIGHTS I OR MY CHILD MAY HAVE TO RECOVER FOR ANY INJURY MY CHILD SUSTAINS, OR FOR ANY INJURY MY CHILD SUSTAIN, OR FOR THE DEATH OF MY CHILD. Therefore, I agree to hold harmless and indemnify, waive, release, and forever discharge **FREEMAN Ancestral Survival Network**, and any other individuals or entities connected with the event from any and all claims for damages, death, personal injury or property damage and litigation costs/ attorney fees, arising from or contributed to, in whole or in part, part, by and act, omission, fault or mistake of the above-listed persons or entities and their employees or agents, resulting from my participation in this camp event. This waiver release shall be binding on my heirs and assigns and shall run in favor of the above-listed persons or entities and any individuals in any way connected with the aforementioned event.

I have given and answered ALL of this application information truthfully and to the best of my knowledge. I further understand that if I violate this, the committee of **FREEMAN Ancestral Survival Network** will take appropriate action that may include dismissal from receiving our scholarship as well.

Signed Signature (Student Attending): _____ Date: _____

If under 18, Parent or Guardian, please sign this agreement on behalf of the following minor.

Minor's Name: _____

Print (Parent/Guardian) Name: _____

Relationship (Check one): Father Mother Legal Guardian

Signed Signature (Parent/Guardian) Name: _____ Date: _____

FREEMAN Ancestral

Rural and Urban Survival _____ **FREEMAN Ancestral Survival Camp**, P.O. Box 802, Mechanicsville, Virginia 23111
Skill Training Camp

PLEASE RETURN COMPLETED APPLICATION TO:

**“ DON'T LET DISASTER CATCH YOU UNPREPARED,
THE TIME TO PREPARE IS NOW”**

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