

HER FATHER DIED A HERO.

BUT YOU CAN KEEP
HIS DREAMS ALIVE.

Police. Firefighters. Emergency Medical Personnel.

To us, they can be heroes.

But to their families, they're fathers and mothers.

With hopes and dreams for their children's future.

To protect us, they put their lives on the line every day.

And sometimes, they lose their lives.

Or their ability to work.

That's when we help to keep their dreams alive.

We're the Camden County Hero Scholarship Fund.

And for more than 37 years, we've been helping the families of heroes killed or disabled in the line of duty.

Our financial aid and scholarships help make sure their families keep their homes.

And that their kids go to college.

C A M D E N C O U N T Y
Hero Scholarship Fund



Designed by The STAR Group

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Hero Scholarship Fund

Twenty four hours a day, 365 days a year, you, your home, and place of business are protected by law enforcement officers, fire fighters, emergency medical personnel. These fellow citizens lay their lives on the line daily to make Camden County a better place to live.



History

The Camden County Hero Scholarship Fund dates back to 1966, and was modeled after the Philadelphia Hero Scholarship Fund. Since our inception, 50 children have been deemed eligible for scholarships because their parent has made the ultimate sacrifice while serving the citizens of Camden County. In 1990, the Board of Trustees decided to broaden the mission of the Hero Scholarship Fund to better meet the needs of the families of our heroes. This decision resulted in reorganization and the establishment of the "200 Club." In 2003, the Board again reevaluated their position and felt it in the best interest of the organization and those it served, to revert back to the name of the Camden County Hero Scholarship Fund. The principles and purposes of the organization remain the same, only the name has changed.



All these people, career and volunteer, are prepared to risk their lives every day and they deserve our support. When life is lost in the line of duty, the families of these public servants are often left in debt and without support.

The Camden County Hero Scholarship Fund provides concerned, civic minded individuals, like yourself, the opportunity to show that you care for the people who care for you.

Our Purpose

The purpose of our organization is to render financial and educational assistance to the surviving spouse and children who are left with little or no support, when a law enforcement officer, firefighter or emergency medical person loses his/her life or is totally and permanently disabled in the line of duty. We also offer educational scholarships to graduating high school seniors on an annual basis, who have a parent serving, or they themselves serve Camden County in a public safety capacity.



Funding

The Camden County Hero Scholarship Fund is a registered 501(c)(3) non-profit organization who receives its income from the dues and continuing annual support of its members. Initial dues are \$200 per member for a personal/business membership and \$1,000 for a corporate membership. *For a corporate membership, five representatives become members of the Fund. Subsequent yearly dues are \$100 per member for a personal/business membership and \$500 for a corporate membership.

Although we encourage you to become a member, we welcome all levels of support! The Board of Trustees, acting on the recommendations of the Executive Committee, directs the allocation of funds.

Anyone interested in supporting and furthering the objectives of the Camden County Hero Scholarship Fund is eligible for membership. Members must have the approval of the Board of Trustees. All contributions are tax deductible. Please complete the attached application form to become a contributor. The Fund depends entirely on the support of public spirited, civic-minded citizens to make its programs financially possible.

The Camden County Hero Scholarship Fund

Membership Application

191 W. White Horse Pike, Berlin
New Jersey 08009 • 856-768-9656
www.camdencountyhero.com

Name/Company/Organization: _____

Contact Person: _____

Personal Address _____

Phone _____ Fax _____

Business Address _____

Business Phone _____ Fax _____

Email _____

Type of Membership

Personal Membership \$200.00

Business Membership \$200.00

Corporate Membership \$1000.00*

Other Donation \$ _____

Enclosed please find my check in the amount of \$ _____

Please charge my Visa MasterCard

American Express for \$ _____

Account# _____

Exp. Date: _____

Signature: _____

*Corporate Membership application should include a copy of the above membership form for each of the five company representatives.

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