



Adam's Camp Scholarship Application

Adam's Camp awards scholarships for *partial* support of program fees based on: **financial need, client effort to secure other sources of funding, and commitment to support Adam's Camp through volunteer activities.**

I. CAMPER / FAMILY INFORMATION:

Camper's Name: _____ **Diagnosis:** _____

Program attending and dates: _____

Mother's / Guardian's Name: _____

Address: _____ City/State/Zip: _____

Phone: (home): _____ (work): _____ (cell): _____

Father's / Guardian's Name: _____

Address(if different) _____ City /State /Zip: _____

Phone: (home): _____ (work): _____ (cell): _____

Has your child/ family attended Adam's Camp? YES NO

If "YES" which programs / which years? _____

Please list all family members in your household:

	NAME	AGE	RELATIONSHIP		NAME	AGE	RELATIONSHIP
1				4			
2				5			
3				6			

II. FAMILY FINANCIAL INFORMATION

Please provide total *monthly* family gross income:

- a. Wages/Salary _____
- b. Social Security _____
- c. Family Support _____
- d. Interest /Investments _____
- e. Child Support _____
- f. Other _____
- Total** _____

Do you have a trust or other funds available for your child? YES NO

If yes, please include details: _____

Please provide your total **monthly family expenses**:

- a. Housing _____ Own___ Rent___
- b. Food _____
- c. Childcare _____
- d. Loan payments _____
- e. Medical _____
- f. Other _____
- Total** _____

Of the **total expenses listed above**, what are your average monthly medical, special equipment, and therapy expenses associated with your camper (after payment from your insurance company)? \$_____

III. FUNDING OPTIONS FOR ADAM'S CAMP PROGRAMS

Do you have health insurance that may pay for therapy services?(Only Therapy Programs) YES NO

Insurance _____ Estimated coverage : _____

Do you / your child receive assistance now from any public funding sources? YES NO

What kinds? _____

Agency(ies) providing assistance: _____

Community Center Board: _____ County: _____

If your child receives funding through your CCB, have you explored funding support from them? YES NO

Details: _____

What funding have you **secured / committed** for Adam's Camp? (Include personal funds).

1. Amount: _____ Source _____

2. Amount: _____ Source _____

3. Amount: _____ Source _____

What funding have you **applied for and been denied**?

1. Amount: \$ _____ Source _____

2. Amount: \$ _____ Source _____

List any funding that is **pending approval**:

1. Amount requested/estimated eligibility: \$ _____ Source: _____ Est. date of determination: _____

2. Amount requested/estimated eligibility: \$ _____ Source: _____ Est. date of determination: _____

Through generous donations and funding raising events, Adam's Camp is fortunate to have a Scholarship Program. Scholarships are awarded for *partial* program fee support.

Please indicate the amount of funding you are requesting from the Adam's Camp Scholarship Fund: \$ _____

Have you received financial assistance from Adam's Camp before? YES NO

If "Yes", year(s) / amount: _____

IV. VOLUNTEER OPPORTUNITIES

Adam's Camp is a not-for-profit organization that relies heavily on volunteer work and donations. We require our scholarship recipients to complete and submit the Volunteer Sign-up Sheet and consider volunteer service with this application.

Please describe any volunteer work you have done for Adam's Camp in the past 12-15 months (include type and hours spent per project) and any volunteer work you are willing to do for Adam's Camp this year:

V. ADDITIONAL INFORMATION

Please provide any additional information or exceptional circumstances that you think will assist us in our review of your scholarship application: (attach additional information on separate page if needed)

I/We declare that the information reported on this application, to the best of our knowledge and belief, is true, correct and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive any funding from Adam's Camp

Signed: _____ Date: _____

Signed: _____ Date: _____

INSTRUCTIONS TO COMPLETE YOUR SCHOLARSHIP APPLICATION:

RETURN this signed form with the following supporting information:

1. Copy of the first 2 pages and Schedules A,B,C of your most recent tax return (form 1040)
2. Friends of Adam's Camp Volunteer Sign-up Sheet

ADAM'S CAMP

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