

**Family Alliance Network - Camp Scholarship Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Individual benefiting from Scholarship**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Organization Hosting the Program/Camp: \_\_\_\_\_

Name of Program/Camp: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Amount of scholarship requested: \_\_\_\_\_

Information provided is kept Confidential and Restricted for FAN use only.

Please read carefully, sign and date the following.

- I understand that my Application is subject to review and approval by Family Alliance Network
- I certify that all information provided is complete and accurate to the best of my knowledge.
- I acknowledge that if I receive any FAN scholarship funds, I will not consider receipt of such funds as an endorsement of the Program/Camp by Family Alliance Network

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT OPTIONS (Please Check One)**

\_\_\_\_ OPTION 1 - Payment made in full by Parent/Guardian. Proof of payment (i.e. cancelled check or receipt of payment from provider) sent to Family Alliance Network will reimburse Parent/Guardian up to \$250.00 per individual per calendar year upon receiving proof of payment.

\_\_\_\_ OPTION 2 - Family Alliance Network to issue a check to the Program/Camp for the cost up to \$250.00 per individual per calendar year.

PLEASE ATTACH THE FOLLOWING:

Scholarship Application check list:

Camp Scholarship opens: (May 1st - June 5th) - calendar year

FAN Scholarship application

Copy of the camper's Birth Certificate (Campers ages: 5 to 25)

Copy of Program/Camp Application (completed)

Copy of an acceptance letter to the camp/program: Receipt yes \_\_\_\_\_ No \_\_\_\_\_ (Explain)

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program/Camp Brochure

A copy of one the following:

- \_\_\_\_\_ Current IEP (Individualized Education Plan)
- \_\_\_\_\_ Current PCP (Person Centered Plan)
- \_\_\_\_\_ Treating Physician's Written Diagnosis
- \_\_\_\_\_ Copy Birth Certificate

Please read carefully, sign and date the following.

RELEASE AND WAIVER OF ALL CLAIMS

The undersigned releases and discharges Family Alliance Network (FAN), its successors and assigns, and its respective agents, representatives, member of its Board of Directors, Officers, and Employees, from any and all claims, causes of action, liabilities, obligations, demands, damages, actions, expenses, and cost of every kind and nature whatsoever, whether arising in law or in equity, which the undersigned and/or the undersigned child and/or legal dependent may have arising out of, in connection with, or in any way relating to any Program/Camp for which FAN Scholarship funds may be received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_