



## Application for Summer Camp Scholarship

*Please complete the application and attach documentation of the client's intellectual or developmental disability. The Arc will choose recipients based on timeliness of application, financial need, and overall applicability of summer camp chosen.*

Client Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client's Guardian: \_\_\_\_\_ Guardian's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

Is this disability documented? Yes / No      Is documentation included: Yes / No

Name of summer camp program: \_\_\_\_\_

School or Day Program: \_\_\_\_\_

Location: \_\_\_\_\_ Duration: \_\_\_\_\_

Cost of program: \_\_\_\_\_ Amount being requested: \_\_\_\_\_

Brief description of how the summer camp program would benefit the client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual household income: \_\_\_\_\_ Number of adults in household: \_\_\_\_\_

The number of people in the household with disabilities: \_\_\_\_\_

Please explain financial need if household income is greater than \$30,000: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you provide a photo? Yes / No