

Camp Scholarship
Direct Child and Family Assistance
Fund Application



CONFIDENTIAL

Date: _____

Child's Last Name: _____ First Name: _____
Child's Social Security #: _____ Birth Date: _____
Parent/Guardian Name(s): _____
Address: _____ Daytime Phone: _____
City/State/Zip: _____ Other Phone: _____
Email: _____

Camper Fee: _____

Deposit: _____

Remainder: _____

Amount you can pay: _____

Amount requested: _____

Other assistance received or applied for: _____

Does the child receive any of the following services? (Check all that apply)

_____ Medicaid # _____

_____ Private Insurance, Deductible: \$ _____ Met this Year? _____

_____ SSI Amount: \$ _____ Children's Special Health Services: _____ %

What portion will any of the above pay toward this need? _____

Caretaker Status:

_____ Married Parent _____ Single Parent/Female

_____ Relative _____ Single Parent/Male

_____ Guardian _____ Other _____

Does anyone else living in the home have special needs? _____

Number of persons living in the home: _____

Primary Diagnosis: _____

Secondary: _____

TREATING PROVIDER: _____

PROVIDER SIGNATURE: _____

PRIMARY CARE PROVIDER: _____

Address: _____

Phone: _____

City/State/Zip: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Name _____

ABOUT THE CHILD (Confidential information about your child – to be used by the Camp Staff only.)

Date of Last Tetanus: _____

List Current Medications and Dosage:

Reason for Medications:

HOME

Who lives with the child? Mother Father Others _____

If not living with parents, with whom is the child living? _____

State child's responsibilities at home: _____

Favorite Hobbies/Activities: _____

CAMP

Has the child been away from home more than two days? Yes No

Was it an enjoyable experience? Yes No Complaints _____

Any activities in which your child should not engage? _____

CHARACTERISTICS

Do any of the following describe the child?:

Sensitive Makes Friends Easily Moody Easy-Going

Easily Led Strong-Willed Leads Others

Does your child get along with others? Easily Fairly Easily With Difficulty

Prefers Friends: Own Age Younger Older

In what way, if any, have you had difficulty in understanding your child? _____

HEALTH

Height: _____ Weight: _____ Sleep Habits: Light Heavy Sleepwalker Nightmares

How many hours of sleep are normal? _____

Allergies (Food and Other)? _____

Bed-Wetter: Yes No

Should the child be taken to the bathroom in the night? Yes. If yes, what time? _____ No

(Note: Bed-wetting is not a serious problem in camp, if handled properly. However, we must know about it ahead of time so that we can take proper precautions to avoid embarrassment.)

Other health concerns: _____

State activity restrictions: _____

COMMENTS REGARDING PREVIOUS CAMP EXPERIENCE: _____

