



Our Mission

To provide recreation, education, and therapeutic opportunities for individuals with disabilities.

Scholarship Request

This form must be received in our office 45 days prior to camp session to be considered.

Camper Name _____ **Date of Birth** _____

Address, City, State, Zip _____

CAMPER INFORMATION

Camper lives with Parent Guardian Foster Home Group Home Other

Number of adults in household _____ Number of children in household _____

ELIGIBILITY

Camper has Regional Center Benefits or other Third Party Reimbursement? Yes No

Annual Gross Combined Income as reported to the IRS \$ _____

Primary Parent Guardian \$ _____

Secondary Parent Guardian \$ _____

Other Income \$ _____

BENEFITS

Describe how your child and/or family will benefit from a scholarship to attend Camp Lotsafun.

PARENT GUARDIAN AUTHORIZATION

I verify that the information I have provided in this scholarship request is true and accurate. I understand that I am responsible for any fees not covered by a scholarship.

Parent Guardian Name _____

Signature _____

Date _____