



**Application for Exceptional Georgetown Alliance’s Summer Camp Scholarship through Georgetown Parks and Recreation Adaptive Summer Camp Programs**

If your child qualifies, EGA will pay the tuition (you pay the deposit/s) so that your child can attend one of the Georgetown Parks and Recreation Adaptive Summer Camps, Let’s Make Friends or Circle of Friends. However, certain criteria apply, and there are a limited number of scholarships available. Please fill out the application in its entirety so your child can go to the next round of the application process. Because there is a short turn-around time, please return to one of the Georgetown Parks and Recreation offices on Austin Avenue, College Street or the Tennis Center as soon as possible and by 3/18/16. Also, you can scan and email to [exceptionalgeorgetown@gmail.com](mailto:exceptionalgeorgetown@gmail.com). Applications will be reviewed on a first come, first served basis. Call Dede Harper with questions: 512-864-2828 or 512-517-2599. Scholarship recipients announced 3/25/16.

Parent Name \_\_\_\_\_ Child’s name \_\_\_\_\_

Address \_\_\_\_\_

Phone number and email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Camp to attend \_\_\_\_\_ (Let’s Make Friends, Circle of Friends)

Certain criteria must be met in order to qualify for the grant.

- 1) Diagnosis of child \_\_\_\_\_
- 2) Autism Spectrum Disorder yes or no  
(This is applicable if we receive money from Autism Speaks Summer Camp grant )
- 3) Please tell us how your child attending this camp will allow for individual growth and development:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) The child must be considered financially disadvantaged. They cannot have access to money from other agencies for 2016 summer camps and one of the following must apply. Please check all that apply for your child:

part of free/reduced lunch program

part of foster parent system

parent out of work

under a guardianship other than parent

single parent household

is part of a family of three or more siblings and only one parent has a full-time job

Other: \_\_\_\_\_

Please explain your needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other siblings and their ages: \_\_\_\_\_

Does your child qualify for agency benefits like from DARS, MHMR, Medicaid, etc.? If so, tell us more:

\_\_\_\_\_  
\_\_\_\_\_

You will need to fill out a survey once the camp ends in order to fulfill the scholarship requirements. (We will share this application and an additional survey will need to be filled out with Autism Speaks if applicable)

You must also be willing to pick up and drop off your child at designated school location for the camp during the weeks of the camp. Four individual weeks of programming will be offered for each camp, **Monday - Thursday**. Please circle what weeks your child can attend:

- 1) June 20-23
- 2) June 27 - 30
- 3) July 5 - 8\*\* Tues to Fri because of holiday
- 4) July 11 - 14

Other information might be asked for on an "as needed" basis.

*I verify that all of the above is true to the best of my ability. By signing I agree that EGA can use photos of my camper for marketing purposes.*

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_