

**Application for Exceptional Georgetown Alliance’s 2018 Summer Camp Scholarship through Georgetown Parks and Recreation Adaptive Summer Camp Programs**

If your child qualifies, EGA will pay the tuition 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 applies, and there is a limited number of scholarships available. Please fill out the application in its entirety so that your child can go to the next round of the application process. Because there is a short turn around time, please return to the Recreation Center or you can email to [exceptionalgeorgetown@gmail.com](mailto:exceptionalgeorgetown@gmail.com). Call Deanna Reinders with questions:

512-731-7804 or email.

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Let’s Make Friends K-5, Circle of Friends 6-12)

Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the date or dates you are wanting to attend.

June 18-21

June 25-28

July 9-12

July 16-19

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

1. Diagnosis of Autism Spectrum Disorder yes or no\_\_\_\_\_

(This information is needed for Autism specific grants)

1. Please tell us how your child attending this camp will allow for individual growth and development:

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

3) The child must be considered financially disadvantaged. They cannot have access to money from other agencies for 2018 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 write a small paragraph regarding your needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

\*If your child is chosen for a scholarship or scholarships, it is the parent/guardian’s responsibility to sign the child up for the camp and pay the $30 deposit (per week). This is first come first serve and not a held spot.

You must also be willing to pick up and drop off your child at to location be determined during the weeks of the camp. Four individual weeks of programming will be offered for each camp, ***Monday - Thursday***.

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

Please confirm we can use photos of child for marketing purposes. Circle Yes or No.

*I verify that all of the above is true to the best of my ability.*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_