



# 2019 CAMP SCHOLARSHIP APPLICATION

Camper's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name of Provider Agency (if applicable): \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Camper's contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Why do you like this camp?

\_\_\_\_\_

\_\_\_\_\_

Type of Camp:     ■ Day Camp? \_\_\_ Yes \_\_\_ No           ■ Over Night? \_\_\_ Yes \_\_\_ No

■ Other: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

Total Cost of Camp: \$ \_\_\_\_\_ Amount of eitas Scholarship Available: **\$100.00**

What day program, workshop or other program is applicant currently attending?

\_\_\_\_\_

Is applicant eligible for services through Kansas City Regional Center? \_\_\_\_\_

Name of Support Coordinator: \_\_\_\_\_

If Scholarship funding is approved, the check will be made payable to the Camp.

Name of Camp: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

**For Scholarship Funding to be considered:**

- (1) You must be 16 years of age, a person with a developmental disability and a resident of Jackson County.
- (2) This form must be **filled out completely—please print.**
- (3) **You must attach a copy of your completed 2019 Camp Registration Form**
- (4) **BOTH FORMS** need to be returned to eitas at least **three weeks prior to the start date of your camp.**
- (5) The deadline for 2019 Camp Scholarship applications is May 17th, 2019 or earlier if all funding for scholarships has been exhausted before that date.

(6) **SEND BOTH FORMS** to: eitas ATTN: Sylvia Greene  
 8511 Hillcrest, Suite 300  
 Kansas City, MO 64138.

*If you have any questions, please call Sylvia Greene at (816) 363-2000 or email [sgreene@eitas.org](mailto:sgreene@eitas.org)*