



3040 Riverside Drive, Suite B-1 Macon, Georgia 31210 (478) 731-9477

Summer Camp Scholarship Application Form

June 19 – July 12, 2017

Patient's Name: _____ Date of Birth: _____

Diagnosis: _____

Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Information:

Ins Company: _____ ID#: _____

Policy Holder Name: _____ Date of Birth: _____

Place of Employment: _____

Please check all of the completed items below which apply to your child or family situation:

Criteria	Yes	No	Comments
Child is considered disabled by the state.			
Parent has not been working for the past 3- 6 months.			
Child has a current IEP which states the disability.			
Parent has checked with their DFAC caseworker to see if payment can be			

obtained for the program. Coordinator's Name: _____ Phone # and ext: _____			
Child is a member of the River Edge program.			
Parent has attempted to find assistance for payment using the support letter (from their church or family members) on our website.			
Parents makes less than \$20,000.00 per year			

A minimum of 3 criteria from above must be met for consideration. Children will be required to not be absent more than 3 times from the camp or the scholarship will be forfeited.

Please check one below - assistance is being requested for the following:

Registration fee: 25.00.	Not covered by scholarship
Camp fee: 100.00	
Parent intends to contribute how much to the camp cost:	

Five scholarships will be awarded prior to camp. We will notify you via email about scholarship awards. Please attach all necessary paper work with applications.

Email address (please print) _____.

Internal use only: Date received: _____

Date reviewed: _____

Paper work attached: _____ yes _____ no

Amount of award: _____ Partial scholarship _____ Full scholarship

Parent contacted on: _____ By: _____