

Campership/Recreation Application Form

NOTE: Camperships in 2018 will be awarded to those individuals with financial need. A Financial Needs Addendum must be attached to this application.

Camper's/Participant's Name: _____ Age: _____
Address: _____
City, State, Zip: _____ County: _____
Phone: _____ E-mail: _____

DOCUMENTATION OF CAMPER'S/PARTICIPANT'S DIAGNOSIS OF DOWN SYNDROME MAY BE REQUESTED PRIOR TO FUNDS BEING USED!!

Needs Information

Consistent with the mission of DSANV, all applicants must demonstrate significant financial need for support in order to participate in a summer camp or program. All applicants must submit the Financial Needs Addendum at the same time as you submit your application.

Camp/Recreation Information*:

Name of Camp/Recreation & Location: _____
Camp/Recreation Costs \$\$ Requested (Description): _____
Camp/Recreation Date: _____ Contact Name & Phone Number: _____
Website Address: _____

Will the camper/participant be attending any other private camp experience this summer? (Do not include any Public School Programs or Park Authority Programs) _____

Camp Benefit Information:

When was the last time the camper attended a summer camp, and briefly describe the summer camp? (If the applicant has never attended summer camp, please indicate that as well.)

Why should the applicant be chosen to receive the Campership/Recreation Award from DSANV? Provide an explanation of how this camper/participant will benefit from this particular experience. (Attach additional pages if necessary)

*** If you do not know which camp your child will be attending at the time of applying, you may still apply and DSANV can provide you with some suggestions. Campership Awards will be awarded to those most qualified candidates who have a firm plan to attend a specific camp (pending funding) by May 1, 2018.**

All applicants must sign this statement:

I hereby certify that the information contained in this application is correct. I understand that DSANV has the right to verify the information provided on this application and may require additional documentation or request a personal interview to verify this information or income eligibility. I understand if DSANV finds any information contained in this application to be false, it may revoke any funds bestowed as a result of this application. If I am approved for funding, I agree to turn in receipts for all expenses I hope to receive funding for, and a copy of the camp/recreation program. **I will immediately notify DSANV if the participant decides not to attend the camp so funds can be reallocated. I understand that failure to do so or non-compliance with any deadlines and obligations will jeopardize my eligibility for future DSANV funds.**

Signature of Applicant: _____

Parent/Guardian Signature if Applicant under 18: _____

Applications must be received via e-mail to campership@dsanv.org or postmarked by the deadline to:

**DSANV
Attn: Campership
10467 White Granite Drive, Suite 320
Oakton, VA 22124**

If you have questions, contact: MarieS@dsanv.org, 703-621-7129 or e-mail campership@dsanv.org