**Camper’s Full Name**: \_\_\_\_\_\_\_\_\_ **DMH#** (if applicable or N/A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

 **Camper’s Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

 Total Cost of Camp: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of eitas Scholarship Available: **$250.00**

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

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

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

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

 **Mailing 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 2024 Camp Registration Form**

 (4) **BOTH FORMS** need to be returned to eitas by Tuesday, April 30th, 2024

 (5) **SUBMITE BOTH FORMS** to:

- Eitas SCs and COD: submit [Camp Scholarships](file:///I%3A%5C6%20-%20UR%5C5%20-%20Camp%20Scholarships)

- External Applications: submit to the UR team either via **email: URT@eitas.org** or **fax: 816-363-1755**

 ***If you have any questions, please contact the eitas UR Team***

***Phone: Kristen Yates (816) 595-8256 Email: URT@eitas.org***