

THERAPEUTIC RECREATION FOR THE DISABLED, INC.
SCHOLARSHIP - CAMPERSHIP PROGRAM APPLICATION

Applicant's name: _____ Position: (parent, care-giver) _____
(Person filling out application form)

Address: _____ Phone: _____

City: _____ Zip code: _____

Email: _____

Participant's name: _____ **Age:** _____

Address: _____

City: _____ Zip code: _____

Name of program interested in attending: _____

Date(s): _____ Location of program: _____

Explain reason/benefits of attending this program: _____

Total cost of program attending: _____ Amount of scholarship request: _____

In household: _____ Annual household income (participant's if in Supported Living) _____

Applicant's place of employment: _____

Please list alternate funding sources (including those also applied to and for amount requested):

_____ Date: _____

Applicant Signature

Information provided is used solely in review of the scholarship request and will not be shared outside of our organization. You must complete application in its entirety to be considered.

Please email application form to Connie Mehlman at cjmehlman@butlerdd.org