

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](mailto:cjmehlman@butlerdd.org)