

**Campership/Recreation Application Form**

**NOTE: Camperships in 2019 will be awarded to those individuals with financial need. A Financial Needs Addendum must be included with 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, 2019.**

**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](mailto: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: [MaryF@dsanv.org](mailto:MaryF@dsanv.org), 703-621-7129 or e-mail [campership@dsanv.org](mailto:campership@dsanv.org)

### Campership Financial Needs Addendum

#### **Part I**

Recipient's Name \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County/City: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **EVIDENCE OF DOWN SYNDROME DIAGNOSIS WILL BE REQUIRED BEFORE CAMPERSHIP AWARD!!**

Please confirm:

- I am a person (or applying with on behalf of a person) with Down syndrome

#### **Part II**

##### **Financial Need Information (all information is kept confidential):**

Please follow steps for **EITHER A** or **B** below:

**A. Are you currently qualified for any or all of the following assistance programs (check all that apply; documentation is REQUIRED):**

- County School Free/Reduced-Price Meals, i.e. school lunch program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP), i.e. Food Stamps

**OR:**

**B. Please provide the following personal documents:**

- Front Page of your most recent IRS Form 1040 (or equivalent)
- Two most recent payroll check stubs
- Document explaining extraordinary financial circumstances

All applicants must demonstrate financial need. Redacted copies of these documents omitting Personally Identifiable Information will be accepted.

##### **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 approved expenses prior to funds disbursement by DSANV.

Signature of Applicant: \_\_\_\_\_

Parent/Guardian Signature if Applicant under 18: \_\_\_\_\_

**This Financial Needs Addendum must be filled out and submitted as part of your Campership Application.**