



Information Sheet for Financial Need Scholarships Camp Escapades 2011

Dear Parents,

Since the first year of camp, it has been our dream to have a scholarship fund from which we could sponsor children to attend camp in some capacity. Thanks to the kind-heartedness of several generous groups, we have limited funds available for campers demonstrating financial need. We are proud to present the **Eric Da Bahia Scholarship Funds** for Camp Escapades. In order to be considered for this scholarship, you will need to provide the following information:

1. Letter of intent, including a statement of financial need
2. Documentation of financial need (please send a copy of your 2010 tax return).
3. Scholarship information sheet (attached)

Please return this information to Kelly Bloom at Pediatric Therapy Network.

Once received, the information will be reviewed and decisions will be based on the eligibility criteria and available funds. **You will be notified** of a decision in mid-late June. All information is kept strictly confidential and the information provided will either be destroyed or returned to you after a decision has been reached. **Please note that you must have completed your child's regular online camp registration prior to applying for a scholarship and that your child's acceptance to camp will not be confirmed until mid-late June.** In order to be considered for a scholarship for Camp Escapades, please submit the required information prior to **May 15, 2011.**

Kelly Bloom, MA, OTR/L
Supervisor of Occupational Therapy
Camp Escapades Coordinator



Pediatric Therapy Network

1815 W. 213th Street, Suite 100, Torrance CA 90501

SCHOLARSHIP INFORMATION SHEET

(To be returned to PTN with your letter stating financial need
and a copy of your 2010 tax forms)

Please complete this application for each child
for whom you are applying for a scholarship.

Name of Child: _____

Name of Person Completing the form: _____

Phone: (day) _____ (eve) _____

Is this scholarship for a sibling?

- Yes
- No, this application is for my first child

Please check the corresponding times for which you have registered your child at
camp:

- First week (August 1-August 5) half day / full day
- Second week (August 8-August 12) half day / full day
- Third week (August 15-August 19) half day / full day

Please indicate the amount of weeks you will be able to fund privately:

- I can not afford any financial portion of Camp
- Less than a week: \$ _____
- One week: \$475
- Two weeks: \$950
- Three weeks: \$1425

Please indicate the scholarship you are requesting:

- Full tuition of my child
- Full tuition of a sibling
- Partial tuition of my child
- Partial tuition of a sibling
- Other: _____

I would like the information I supply to be: (circle one)

Returned to me

Destroyed

Comments: