 **Travel Scholarship for Adult Retreats & Family Camp**

The Camp Mak-A-Dream Travel Fund has been established to offer financial assistance to our participants

for travel to and from Missoula. Because funding for travel is limited, assistance will be granted to

**first time participants only**, on a first come first serve basis.

**Adult retreat travel scholarships are partial scholarships (only) up to a maximum of $300.**

**Family Camp travel scholarships are partial scholarships (only) up to a maximum of $500 per family.**

Applications must be submitted at least 30 days prior to the date you anticipate travel. If you are awarded a scholarship you make your travel plans and will receive your scholarship check when you arrive at camp.

Name of Applicant/Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting travel assistance for the following camp session (please check appropriate session below):

Women’s Cancer Retreat \_\_\_\_ Spring \_\_\_\_ Fall

Ovarian Cancer Retreat \_\_\_\_ Spring \_\_\_\_ Fall

Family Camp \_\_\_\_\_\_

Briefly explain your need for travel assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Participant Signature*

**Complete this form and return it to:** Camp Mak-A-Dream / Travel Assistance Fund

PO Box 1450

Missoula, MT 59806

Fax: (406) 549-5933 Email: Shirley@campdream.org

www.campdream.org

**For office use only**: Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Notified of receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved ❑ Denied ❑ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_