



# Participant Travel Scholarship Application Summer Programs

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, **only first time participants** are eligible to receive assistance, on a first come first serve basis. Camper Applications (i.e. Health Profile) must be completed to 100% before travel scholarship application will be reviewed.

Applications **must be received at least 30 days prior** to the first day of the Camp session. You will be notified when your application has been received. Travel arrangements will be made by Camp Mak-A-Dream or partnering organization. All information must be verified prior to booking travel. Luggage fees are not included.

Name of Applicant/Traveler (as it appears on id if applicable): \_\_\_\_\_

Date of Birth of Traveler: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

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

Name of Contact (if different from Traveler): \_\_\_\_\_

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

Was applicant/applicant's family member treated at St. Jude? Yes \_\_\_ No \_\_\_

If no, name of other treatment facility: \_\_\_\_\_

Travel assistance is requested for:

- Young Adult Conference \_\_\_      Heads Up Conference \_\_\_      Teen Camp \_\_\_
- Kids Camp \_\_\_      Siblings Camp \_\_\_      Teen Siblings Camp \_\_\_
- Teen Heads Up Conference (July) \_\_\_ (August) \_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Airport you would be flying from: City: \_\_\_\_\_ State: \_\_\_\_\_ Airport Code: \_\_\_\_\_

Please include any additional information about the Traveler that we need to know (first time traveling, needs wheelchair assistance etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature (parent / guardian for applicants under age 18)

**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: [jen@campdream.org](mailto:jen@campdream.org)  
[www.campdream.org](http://www.campdream.org)

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

Approved  Denied  Date: \_\_\_\_\_ Notified: \_\_\_\_\_

Verified with partnering organization: Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_