

 **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, assistance will be granted to **first time participants only**,

on a first come first serve basis.

**Full scholarships are available for all summer programs and require an application fee of $150.\***

**Partial scholarships may also be available for summer sessions and do not require an application fee.**

Applications must be submitted at least 30 days prior to the date you anticipate traveling and the application fee should be sent with the application. You may enclose a check or contact us with a credit card number (You will only be charged if scholarship is granted). Luggage fees are not included.

\*If you are unable to pay the application fee, you may write a letter of appeal explaining your situation in detail to our Travel Committee. Letters should be sent in accompanying this travel scholarship application.

Name of Applicant/Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Kids Camp Young Adult Conference Teen Camp Siblings Camp

Heads Up Conference (HUC) Teen Heads Up Conference (Teen HUC) July \_\_\_\_ August \_\_\_\_

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

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

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: Shirley@campdream.org

 www.campdream.org

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

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

Fee Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Called for UM information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Booked UM Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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