



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
www.campdream.org

For office use only: Received: _____

Notified of receipt: _____

Approved Denied Date: _____

Notified: _____

Verified with partnering organization: Name: _____ Date: ___/___/___

UM needed: Yes No