



Participant Travel Scholarship Application Adult, Caregivers and Family 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 participants attending in-person for the first time** are eligible to receive assistance, on a first come first serve basis. Participating in a virtual retreat does not exclude you from applying as long as this is your first in-person camp experience. **Adult or Caregivers retreat participants are eligible to receive up to \$300; families attending Family Camp are eligible to receive up to \$500 towards their travel expenses.** 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. If you are awarded a scholarship you are responsible for making your travel arrangements and will receive your reimbursement when you arrive at Camp.

Name of Applicant/Family: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact: _____

Contact E-mail: _____ Contact Phone: (____) _____

Has any family member been treated at St. Jude? Yes ___ No ___

Travel assistance is requested for:

Spring Ovarian Retreat _____ Spring Women’s Retreat _____

Fall Ovarian Retreat _____ Fall Women’s Retreat _____

Spring Caregivers Retreat _____ Fall Caregivers Retreat _____

Family Camp (January) _____ (August) _____

Briefly explain your need for travel assistance: _____

X _____ Date: ____/____/____

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: jen@campdream.org
www.campdream.org

For office use only: Received: _____

Notified of receipt: _____

Approved Denied Date: _____

Notified: _____

Amount granted: _____