



Participant Travel Scholarship Application Adult, Caregivers and Family Programs

The Camp Mak-A-Dream Travel Fund offers financial assistance to a limited number of participants for travel to and from Missoula, Montana. Funding for travel is limited, and are processed on a first come first serve basis for **new participants** or to **returning participants who demonstrate financial need**. Participation in a virtual camp does not exclude you from applying as a ‘new participant’ as long as this is your first in-person camp experience. Returning campers are eligible for **one** hardship scholarship, regardless of number of times you attend Camp.

Camper Applications (i.e. Health Profile) must be completed to 100% and your physical form (doctor signed form) must be received before the travel scholarship application will be reviewed. Travel Scholarship Applications **must be received at least 30 days prior** to the first day of the Camp session.

You will be notified when your travel scholarship 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. **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.**

Name of Applicant/Family: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact: _____

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

Was participant/participant’s family member treated at St. Jude? Yes ____ No ____

If no, name of treatment facility/center: _____

Household size: _____ Approximate annual household income: _____

Travel assistance is requested for:

Spring Caregivers Retreat _____

Spring Ovarian Retreat _____

Spring Women’s Retreat _____

Family Camp (Winter) _____

Fall Caregivers Retreat _____

Fall Ovarian Retreat _____

Fall Women’s Retreat _____

Family Camp (Summer) _____

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

Email: jen@campdream.org

For office use only: Received: _____

Notified of receipt: _____

Approved Denied Date: _____

Notified: _____

Amount granted: _____

New Returner