



Participant Travel Scholarship Application Summer 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 reviewed. Travel arrangements for approved participants 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 Camper (as it appears on photo id if applicable): _____

Date of Birth of Camper: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact (if different from Camper): _____

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

Was camper/camper's family member treated at St. Jude? Yes ___ No ___

If no, name of treatment facility/center: _____

Household size: _____ Approximate annual household income: _____

Airport camper would be flying from: City: _____ State: _____ Airport Code: _____

Briefly explain your need for travel assistance: _____

Any additional information about the Camper that we need to know (first time traveling alone, needs wheelchair assistance etc.)? _____

Check the session travel assistance is being requested for:

Young Adult Conference ___ Heads Up Conference ___ Teen Camp ___
Kids Camp ___ Siblings Camp ___ Teen Siblings Camp ___
Teen Heads Up Conference (July) ___ (August) ___

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
Email: jen@campdream.org

For office use only: Received: _____ Notified of receipt: _____

New Returning UM needed: Yes No

Approved Denied Date: _____ Notified: _____

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