

Chicagoland Autism Connection 2019 Summer Camp Scholarship Application

Due to a generous donation received by an anonymous donor, Chicagoland Autism Connection is able to provide Summer Camp scholarships to help our families offset the cost of summer camp this year!!

Parents/Caregivers of a child, youth or young adult with Autism or any diagnosed Intellectual/Developmental Disabilities are encouraged to apply for a Summer Camp Scholarship for up to \$200 through The Chicagoland Autism Connection Parent/Advocate/Professional Support Group.

The scholarship program will award **5- \$200** Summer Camp Scholarships and **10- \$100-** Summer Camp Scholarships. **Submission Deadline MARCH 16, 2019.**

WHO MAY BE ELIGIBLE

Children, youth or young adult with a diagnosed Developmental Disability.

Children: 5-10 years old, Youth: 11- 18 years old, Young adults: 19- 35years old

Summer Camp Guidelines: The camper must reside in the Chicagoland area and the camp must have a camp license. **Only one camper per household.**

Requirement: Submit an application (attached) with essay no more than 250 words explaining why you are applying for this scholarship and how it may benefit the applicant.

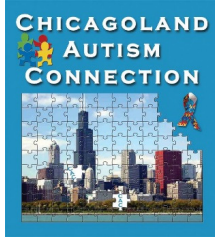
PARENTS/CAREGIVERS ARE RESPONSIBLE FOR THE FOLLOWING:

1. FINDING THE CAMP FOR YOUR CHILD TO ATTEND.
2. REGISTERING YOUR CHILD WITH THE CAMP OF YOUR CHOICE.
3. COMPLETING THE ATTACHED SUMMER CAMP SCHOLARSHIP APPLICATION.

SCHOLARSHIP AWARD NOTIFICATION

*Scholarships from Chicagoland Autism Connection (CAC) are not guaranteed until the applicant's parent /caregiver(s) receive an approval letter from CAC confirming the camp scholarship. The scholarship check will be issued directly to the camp. If there is any remaining camp tuition balance the parent/caregiver is responsible for paying that amount directly to the camp. Chicagoland Autism Connection will **not reimburse** parents/caregiver for a payment already made to a camp, including any deposits. Scholarships will be awarded **APRIL 28, 2019.***

Any questions can be answered by emailing: [LaShan Harrell - Lharrell@chicagoautism.org](mailto:LaShan.Harrell@chicagoautism.org). Please **allow 24 hours for a respond**



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Application Form and Information

Date _____

Applicant's Name _____ DOB _____ Age _____

Parent/ Caregivers Name _____

Address _____ City _____ State _____ Zip _____

Email address _____

Home Phone # (____) _____ Cell (____) _____

Applicant's Diagnosis _____

<p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Gender Nonconforming</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>Race/ Ethnicity</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hispanic/ Latino</p> <p><input type="checkbox"/> Native American/ Alaskan Native</p> <p><input type="checkbox"/> Pacific Islander/ Native American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> Prefer not to say</p>
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_____ Date _____

Parent/Advocate/Caregiver/signature (Required)

