

# Summer Camp Scholarship Program

(In Loving Memory of Levi Ebel)



SPORT • SOCIAL  
TEACH • ENCOURAGE • EMPOWER



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## APPLICATION – Please print

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Parent Guardian Phone # \_\_\_\_\_

Is your child currently enrolled at Sport Social? If yes, which program \_\_\_\_\_

How many children on the Autism Spectrum reside in your home? \_\_\_\_\_

Does your child receive any other therapy (Speech / OT / ABA etc.) If so, please list providers and amount of hours received:

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Would this scholarship mean the difference between attending and not attending Sport Social?  
Y / N

In your own words, please tell us how this scholarship would benefit your child. How would this financial scholarship benefit your family? You can also use the back of this paper to explain.

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Staff Initial \_\_\_\_\_ Date Received \_\_\_\_\_ Approved Y / N

Notes \_\_\_\_\_

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## **SCHOLARSHIP GUIDELINES**

1. The Summer Camp Scholarship Program will provide funding for one week of summer camp at Sport Social during the summer of 2022
2. Scholarships will be awarded to 10 participants
3. Summer camp schedule:
  - Week 1 May 26<sup>th</sup> - May 27<sup>th</sup> (2 days)
  - Week 2 May 31<sup>st</sup> – June 3<sup>rd</sup> (4 days)
  - Week 3 June 6<sup>th</sup> – June 10<sup>th</sup> (5 days)
  - Week 4 June 13<sup>th</sup> – June 17<sup>th</sup> (5 days)
  - Week 5 June 20<sup>th</sup> – June 24<sup>th</sup> (5 days)
  - Week 6 June 27<sup>th</sup> – July 1<sup>st</sup> (5 days)
  - Week 7 July 5<sup>th</sup> – July 8<sup>th</sup> (4 days)
  - Week 8 July 11<sup>th</sup> – July 15<sup>th</sup> (5 days)
  - Week 9 July 18<sup>th</sup> – July 22<sup>nd</sup> (5 days)
  - Week 10 July 25<sup>th</sup> – July 29<sup>th</sup> (5 days)
  - Week 11 August 1<sup>st</sup> – August 5<sup>th</sup> (5 days)
4. All applicants must be on the Autism Spectrum
5. You must provide and attach proof of Autism to this application to be considered (front page of an IEP or Diagnosis letter from your child's physician)
6. All approved applicants must be evaluated by Sport Social Staff to ensure the child can be placed in a group camp
7. Contact Sport Social at 702-485-5515 to arrange a summer camp evaluation
8. Children must be able to follow directions in a group setting
9. If child is unable to follow group instruction during the evaluation, the child will not be able to participate in the week-long summer camp program. Instead, the scholarship can be used at Sport Social towards a one-month program with 1:1 instruction.
10. Failure to have your child evaluated within 5 days of receiving the scholarship will result in loss of scholarship
11. If awarded, a committee member will contact you via phone or email
12. If awarded, camp scholarship funding will be credited to your Sport Social account
13. Scholarship credit is non-transferable and cannot be redeemed for cash
14. FEAT and Sport Social reserves the right to pull scholarship funding at any time, for any reason
15. **SUBMIT COMPLETED APPLICATIONS TO: [info@featsonv.org](mailto:info@featsonv.org)**

I agree to the scholarship guidelines:

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_

Staff Initial \_\_\_\_\_ Date Received \_\_\_\_\_ Approved Y / N

Notes \_\_\_\_\_

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**PLEASE NUMBER THE WEEKS YOU PREFER TO ATTEND  
SUMMER CAMP FROM 1-3**

Week 1 May 26<sup>th</sup> - May 27<sup>th</sup> (2 days) \_\_\_\_\_

Week 2 May 31<sup>st</sup> – June 3<sup>rd</sup> (4 days) \_\_\_\_\_

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