

Summer Camp Scholarship Program

(In Loving Memory of Levi Ebel)

Generously sponsored by:



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:

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 application if you need more room.

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 2024.
2. Scholarships will be awarded to 12 participants.
3. Summer camp schedule:
 - a. Week 1 / May 21- May 24
 - b. Week 2 / May 28 – May 31
 - c. Week 3 / June 3 – June 7
 - d. Week 4 / June 10 – June 14
 - e. Week 5 / June 17 – June 21
 - f. Week 6 / June 24 – June 30
 - g. Week 7 / July 1 – July 5
 - h. Week 8 / July 8 – July 12
 - i. Week 9 / July 15 – July 19
 - j. Week 10 / July 22 – July 26
 - k. Week 11 / July 29 – August 2
 - l. Week 12 / August 5 – August 9
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 (prior to camp) to ensure the child can be placed in a group setting.
7. Children must be able to follow directions in a group setting.
8. Failure to have your child evaluated within 5 days of receiving the scholarship will result in loss of scholarship.
9. If awarded, a committee member will contact you via phone or email.
10. Once approved it is the parent’s responsibility to Contact Sport Social at 702-485-5515 to arrange a summer camp evaluation.
11. If awarded, camp scholarship funding will be credited to your Sport Social account.
12. Scholarship credit is non-transferable and cannot be redeemed for cash.
13. FEAT and Sport Social reserves the right to pull scholarship funding at any time, for any reason.
14. **SUBMIT COMPLETED APPLICATIONS TO: 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 21- May 24 (4 days) _____

Week 2 / May 27 – May 31 (4 days) _____

Week 3 / June 3 – June 7 (5 days) _____

Week 4 / June 10 – June 14 (5 days) _____

Week 5 June 20th – June 24th (5 days) _____

Week 6 June 27th – July 1st (5 days) _____

Week 7 July 5th – July 8th (4 days) _____

Week 8 July 11th – July 15th (5 days) _____

Week 9 July 18th – July 22nd (5 days) _____

Week 10 July 25th – July 29th (5 days) _____

Week 11 August 1st – August 5th (5 days) _____

Staff Initial _____ Date Received _____ Approved Y / N

Notes _____