



Foundation for Dreams Inc, and Dream Oaks Camp
Dream Oaks Camp - 16110 Dream Oaks Place, Bradenton, Florida 34212
Phone: 941-746-5659 Fax: 941-745-1409

Annual Enrollment Registration Packet

Dear Families,

Camp registration is open!

We are delighted that you have chosen to send your child to Dream Oaks Camp. In order for us to process your child's Annual Camp Registration a list is provided below of the items, we will need you to submit to our office. Space is extremely limited so we encourage all families to return registration forms as soon as possible in order to secure a spot on our schedule.

The forms are now fillable on-line. Please fill out the forms online then print copies for dates, initials, and signatures. Once the camp has received **the required forms** and your **\$50.00 non-refundable deposit** for each session you have registered for, we will send an email acceptance letter and Family Camp Manual to confirm that your child has been scheduled for the session. Acceptance into the desired camp session(s) is not guaranteed and is contingent upon space availability and staffing.

For families applying for camp financial assistance, funding is very limited. Typically, we are only able to offer **1 scholarship per child for the summer camp season, if funding is available, we may be able to offer additional scholarships.** If you wish to enroll your child in additional sessions you will be responsible for the full balance of the cost of each session.

If you have any questions please call our office at 941-746-5659. (Ask for Kayla)

You can submit the forms by:

EMAIL: registration@foundationfordreams.org

FAX: 941-745-1409

MAIL: 16110 Dream Oaks Place

Bradenton, FL 34212 (Please do not send certified)

Annual Registration Check List

We must receive ALL of the following in order to register your child. Medical forms can be submitted at a later date, however, MUST be returned no later than 2 weeks prior to the start of camp.

Session Sign Up Form

Select the camp session(s) you would like and indicate how you will be paying for the camp sessions.

Payment of \$50.00 per session, per child, MUST be included with Session Sign Up \$50.00 non-refundable fee for each registered session to be applied to balance

Annual Enrollment Registration Forms

Forms must be submitted annually. Please fill in the enrollment form and then make a copy to send in with your signature.

Scholarship applicants must submit income verification, see page 11.

Annual Medical Forms

Must be completed and signed by a physician annually. Must be received no later than 2 **weeks prior** to the start of the camp session. If the medical form is expired, your child can NOT attend camp.

2020-Foundation for Dreams - Dream Oaks Camp

Return Application Forms to: registration@foundationfordreams.org

Camper Information				
Last Name:		First Name:		
Date of Birth:		Age:		
Address:				
City:		ST:	Zip:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Height:	Weight:	Ethnicity:
Primary Diagnosis and Medical History (including diagnosis, surgeries, etc):				
Parent/Guardian Information				
Last Name:		First Name:		
Address (if different from above):				
City:		ST:	ZIP:	
Home Phone:		Cell Phone:		
Work Phone:		Email:		
Relationship to child:		Preferred method of contact:		
Last Name:		First Name:		
Address (if different from above):				
City:		ST:	Zip:	
Home Phone:		Cell Phone:		
Work Phone:		Email:		
Relationship to child:		Preferred method of contact:		
Does the camper live in a foster home or group home? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please explain:				
Emergency Contact Information				
In the event you can not be reached, please provide an emergency contact below.				
Name:		Phone:		
Relationship to child:				
Name:		Phone:		
Relationship to child:				
Check Procedure & Release				
Camp staff will not release your camper to anyone other than the parent/guardian without prior authorization. I authorize Foundation for Dreams, Inc. & Dream Oaks Camp staff to release this camper to the following person(s):				
Name:		Phone:		
Relationship to child:				
Name:		Phone:		
Relationship to child:				
Is there any custody issue we should be aware of?				

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Camper Name:				
Medical/Health Information				
<input type="checkbox"/> Takes no medication		<input type="checkbox"/> Takes prescribed medication <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Takes routine OTC meds: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Allergies				
FOOD allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please describe allergy:				
ENVIRONMENTAL/SEASONAL allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please describe allergy:				
MEDICATION allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please describe allergy:				
History of Seizures				
History of ongoing seizures? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Date of last occurrence:				
Frequency:			Type:	
Duration:			Medication:	
Has a seizure ever lasted more than three minutes? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please explain:				
Chronic Conditions				
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Respiratory Illness or Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Fatigues Easily
Please explain and describe any triggers:				
Any other chronic conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please explain:				
Does camper have a feeding tube? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type:				
Mental and Functional Age				
Are the camper's mental and functional age different from chronological age?: <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, camper's mental age :			If yes, camper's functional age :	
Please explain:				

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Cognitive Information		
<input type="checkbox"/> Normal	<input type="checkbox"/> Mild Impairment	
<input type="checkbox"/> Moderate Impairment	<input type="checkbox"/> Severe Impairment	
Please explain:		
Follows Directions? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input checked="" type="checkbox"/> Needs extra time to process	<input type="checkbox"/> Needs reminders or cues	<input type="checkbox"/> Needs physical assistance
Please explain:		
Mobility		
<input type="checkbox"/> Ambulatory – Walks independently	<input type="checkbox"/> Walks with assistance	<input type="checkbox"/> Uses walker, cane, crutches, or braces
<input type="checkbox"/> Uses wheelchair	What kind: <input type="checkbox"/> Manual <input type="checkbox"/> Electric	
Requires transfer assistance: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please explain type of transfer required:		
Speech		
<input type="checkbox"/> Verbal – clear conversation	<input type="checkbox"/> Nonverbal	<input type="checkbox"/> Limited Speech
<input type="checkbox"/> Verbal but difficult to understand	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Gestures <input type="checkbox"/> Sign Language
If camper uses a communication device or tools, please describe:		
Does camper understand simple speech? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, please explain:		
Vision		
<input type="checkbox"/> Normal	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Uses glasses/lenses
<input type="checkbox"/> Legally blind	<input type="checkbox"/> Complete vision loss	
Please explain:		
Hearing		
<input type="checkbox"/> Normal	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Uses hearing aids
<input type="checkbox"/> Deaf	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Use sign language
Please explain:		

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Sensory Processing	
Does the camper struggle with sensory processing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain:	
Would the camper benefit from a sensory room setting? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, what equipment would work best for the camper?	
Behavioral Information	
<i>Please check off all that apply and explain below.</i>	
<input type="checkbox"/> History of verbal aggression	<input type="checkbox"/> Physical aggression/assaults peers or staff
<input type="checkbox"/> Self-injurious behavior	<input type="checkbox"/> History of breakouts, running away or wandering away from home or program
<input type="checkbox"/> Camper requires one-to-one supervision at school	<input type="checkbox"/> Camper has unusual fears (explain):
<input type="checkbox"/> Other behavior (explain):	<input type="checkbox"/> Other behavior (explain):
Please explain all checked answers:	
Has a Behavior Support Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain and/or attach a copy of Behavior Support Plan and/or IEP:	
What precedes the behavior? Please explain:	
What intervention is used to correct the behavior? Please explain:	
What types of behaviors does camper exhibit when unhappy? Please explain:	
Please explain how you handle camper's behaviors (i.e. positive reinforcements, activities that are calming, and rewards camper likes to work for):	

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Activities of Daily Living			
Eating			
<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal prompts	<input type="checkbox"/> Eats very fast	
<input type="checkbox"/> Feeding Tube	<input type="checkbox"/> Finger foods only	<input type="checkbox"/> Eats very slow	
<input type="checkbox"/> May take food from others	<input type="checkbox"/> Tendency to choke on food	<input type="checkbox"/> Other (explain):	
Please explain special dietary needs, restrictions, food allergies:			
Does camper require a special diet? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please explain:			
Toileting			
<i>The camper needs the following assistance with toileting:</i>			
<input type="checkbox"/> No Assistance	<input type="checkbox"/> Verbal Assistance	<input type="checkbox"/> Minimal Physical Assistance	<input type="checkbox"/> Full Assistance
Please explain any special instructions:			
<input type="checkbox"/> Requires toileting schedule	<input type="checkbox"/> Uses catheter/urine bag	<input type="checkbox"/> Wears diaper in pool	<input type="checkbox"/> Wets bed
Please explain any special instructions:			
Wears diapers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Always <input type="checkbox"/> Only at night			
Please explain any special instructions:			
<input type="checkbox"/> Has bowel routine	<input type="checkbox"/> Constipation		
If yes, what intervention do you use:			
<input type="checkbox"/> Laxative	What kind?		
<input type="checkbox"/> Enema	What kind?		
Dressing			
<i>Camper requires the following assistance with dressing:</i>			
<input type="checkbox"/> No assistance	<input type="checkbox"/> Verbal assistance	<input type="checkbox"/> Minimal physical assistance	<input type="checkbox"/> Full assistance
Please explain any special instructions:			

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Sleep Habits				
<i>Please select all that apply:</i>				
<input type="checkbox"/> Sleeps through the night	<input type="checkbox"/> Sleepwalks	<input type="checkbox"/> Has nightmares		
<input type="checkbox"/> Restless or light sleeper	<input type="checkbox"/> Has slept away from home before	<input type="checkbox"/> Has NOT slept away from home before		
Please explain:				
Does camper take naps during the day? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please explain:				
Program Questionnaire				
Listed are possible programs your child may experience while at camp.				
Music & Movement	Swimming	Horseback Riding	Arts & Crafts	Yoga
Nature Studies	Boat Rides	Cooking	Canoeing	Campfires
Scavenger Hunts	Sports & Games	Dances	Science	Drama & Skits
Are there strategies that have been effective when participating in any of the above:				
Please check off the following activities you give permission for your camper to participate in:				
<input type="checkbox"/> Swimming	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Boat Ride/Canoeing		
Can the camper swim independently? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Does camper need assistive floatation device? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Does camper wear socks in the water? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is camper prone to ear infections after water activities? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Preventative methods used:				
Does camper have a favorite activity?				
Please use the following space to provide any other important information:				

Program Intake Form

Child Name:

Date:

We wholeheartedly believe that a child should be recognized as an individual, not by their disability. For this reason, each activity is designed to meet the specific needs of each camper by adapting strategies to highlight their strengths, not their limitations. By providing low direct care staff to camper ratios, staff can focus on modifying each activity and providing goal-centered strategies to help campers grow their skills, confidence, and independence while building meaningful relationships in a safe environment!

It is our goal to collaborate with parents, teachers, and therapists so that there is fluidity between home, school, and camp. As a parent/caregiver, you may consider it helpful to have our staff continue to progress towards IEP goals that are compatible with the camp. Working towards specific targets at camp encourages development that can be sustained and grown across multiple settings.

We use research-based practices to monitor and facilitate specific targets for each child that fall within 4 domains:

- 1) **Social Interaction:** developing social understanding/awareness, engaging in appropriate play/interaction, understanding rules/emotions, increasing eye contact/verbalization, etc.
- 2) **Activities of Daily Living:** transferring/walking, dressing, eating/preparing food, etc.
- 3) **Health and Hygiene:** bathing, grooming, oral care, toileting, increasing awareness/participation of medical needs, coping skills/emotional regulation, etc.
- 4) **Behavior Strategies:** transitioning, decreasing problem behaviors, following directions, self-monitoring, self-control, participation, etc.

Please list 2-3 specific goals that you or your child's support team want staff to work on at camp:

1. _____

2. _____

3. _____

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Participant Release Statement

Must be initialed and signed by Legal Guardian or Appointed Representative

ASSUMPTION OF ROSL, RELEASE, AND WAIVER: I, as a consumer (camp participant), parent, guardian, or appointed representative of the consumer, understand the Foundation For Dreams, Inc. and Dream Oaks Camp, henceforth referred to as "FFD & DOC", take reasonable efforts to operate and conduct activities in a safe and responsible manner. These recreational activities include, but are not limited to: arts & crafts, music, games, yoga, cooking, hiking, swimming, boating, playground equipment usage, vehicular transportation, and exposure to nature. I understand that these activities and the actions/or inactions of other program consumers involve certain inherent risks. I recognize these risks and agree to assume all liability for these risks by allowing the Consumer to attend FFD & DOC's camp-based respite and other activities/programs participation in such programs and activities. I hereby release, indemnify and hold harmless FFD & DOC, its officers, agents, employees and all consumer relating to or deriving in any way from participation in aforementioned programs and/or activities whether arising from an act of omission to the fullest extent permitted by law. Initial: _____

MEDICAL RELEASE: I, as a consumer, parent, guardian, or appointed a representative of the consumer, authorize that in the event that an emergency should arise. I will accept and give permission for the Consumer to receive emergency care, offered by FFD & DOC/hospital for injury and/or illness. I acknowledge and agree that the designated first aid person/hospital in charge may perform emergency care and I hereby understand that medical care will be provided in accordance with the standard set forth by the Board of Medical Examiners of the State of Florida. I agree to assume financial responsibility for all expenses of such care. I authorize the FFD & DOC medical staff to dispense medications. I acknowledge that all medications administered by FFD & DOC staff must be brought to the program in the original packaging. Meaning prescription medications are original pharmacy packaging with labels indicating proper medication, dose, and time. All routine OTC medications are in original product packaging. I understand failure to comply with medication packaging requirements will mean dismissal from the program without refund. I release and absolve FFD & DOC, staff, nurses, physicians, and surgeons selected and designated, from any and all liability for their acts rendered in good faith. Parents/Guardians will be notified immediately of any treatment sought.

Preferred Hospital: _____

Reason: _____

(Generally, in an emergency we use the closest hospital, but if an extenuating circumstance exists, we attempt to identify the preferred hospital and express the request to emergency medical personnel. Initial: _____

CANCELLATION AND PAYMENT POLICY: I, as a consumer, parent, guardian, or appointed representative of the consumer understand that FFD & DOC adheres to the following policy in regards to cancellations, payments, and refunds. A \$50.00 non-refundable registration fee is due for each camp session the consumer is enrolled in at the time of enrollment. If the \$50.00 is not received with the enrollment the consumer may not be registered for that session. For full payment consumers, the total balance is expected 14 business days prior to the camp session. A full refund or a credit for another camp session, minus the non-refundable \$50.00 registration fee, may be given if written notice of the need to cancel is received by FFD & DOC at least one week prior to the start of the camp session. Other full refunds or a credit for another session, minus the non-refundable \$50.00 registration fee may be applicable in instances where there is a medical emergency less than 24 hours prior to the camp session. We must receive notice of cancellation prior to 3:00 pm of the start of the camp session. If another full paying consumer can be secured prior to the event, a full or partial refund will be provided to the canceling party upon receipt of payment by the replacement consumer. Other refunds, full or partial minus the non-refundable \$50.00 registration fee, may be considered and will be based on the FFD & DOC's ability to replace the cancelling consumer with a paying consumer. We will make every effort to find another paying consumer in cases where cancellation occurs. Initial: _____

My initials above indicate I have read, understand, and agree with each corresponding section of the release statement.

Consumer Name (Camper): _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

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PERSONAL PROPERTY: I, as a consumer, parent, guardian, or appointed representative of the consumer, recognize that FFD & DOC cannot accept responsibility for camper's personal property including but not limited to personal electronic devices. To help eliminate losses, the undersigned ensures that all clothing and belongings are labeled with camper's name and an Inventory of Personal Belongings form has been filled out and returned. **Initial:** _____

MISSING PERSON'S RELEASE: I, as a consumer, parent, guardian, or appointed representative of the consumer, hereby give consent to FFD & DOC to release photographs and other necessary information to the Township and/or Florida State Police and/or any other agency for the sole purpose of filing a missing person's report. **Initial:** _____

ACKNOWLEDGE AND RELEASE TO FUNDING AGENCY: I, as a consumer, parent, guardian, or appointed representative of the consumer, hereby acknowledge and release to the FFD & DOC my camper's records which may be required by a Funding Agency for purposes of monitoring and evaluating services. **Initial:** _____

ACKNOWLEDGE AND RELEASE TO MANATEE COUNTY GOVERNMENT: I, as a consumer, parent, guardian, or appointed representative of the consumer, understand that this program receives funding from Manatee County Government and that from time to time County representatives may request access to any or all Agency records relating to this program and/or the delivery of its services for the purposes of evaluating or monitoring the program or delivery of service. I understand that any records provided to the County shall become public records, may be subject to any applicable state or federal exemptions, and may be inspected by third persons. **Initial:** _____

PHOTO/MEDIA RELEASE: I, as a consumer, parent, guardian, or appointed representative of the consumer, hereby grant FFD & DOC permission to use any narratives, film, photographs, videotape, sound, and digital recordings of any kind made by FFD and DOC of the aforementioned consumer for the promotion of its programs and services in any publication or media outlet included websites entries, apps, social media platforms, and printed material, without payment or any other consideration. I understand and agree that these materials will become the sole and exclusive property of FFD & DOC. I irrevocably authorize FFD & DOC and its agents to edit, alter, copy, exhibit, publish, distribute or otherwise use any of the aforementioned consumer's likenesses derived above for the purposes of publicizing FFD & DOC programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including a written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any likeness. I hereby hold harmless and release and forever discharge FFD & DOC from all claims, demands, and causes of action which I, the aforementioned consumer, heirs, representatives, executors, administrators, or any other person acting on consumer's behalf of consumer's estate have or may have a reason of this authorization. **Initial:** _____

ACCEPTANCE CONDITIONS: FFD & DOC reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by DOC. These decisions are made on an individual basis. Parents/Guardians will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Health Examination Form which must be completed signed by a physician, M.D., must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers or staff members. Should it become necessary for my camper to leave camp, or any FFD & DOC function, for any reason, I will make provisions to bring the camper home. I agree to notify FFD & DOC of any changes that need to be made in this application before a camp session. I understand FFD & DOC accepts applications on a first come first serve basis, and applications and physical forms must be submitted annually. I understand incomplete application may result in loss of application priority. Each family will receive a number when they arrive at the night/day of camp. Numbers at check-in are given on a first-come, first serve basis as campers arrive. No numbers will be given in advance. In fairness to all families, we will not hold places or distribute numbers prior to arrival time. Please be prompt with pick-up on Sunday morning. Staff members are unable to provide after-hour care. I understand I may be subject to a late pickup fee of \$25 per hour. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. **Initial:** _____

My initials above indicate I have read, understand, and agree with each corresponding section of the release statement.

Consumer Name (Camper): _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

2020-Foundation for Dreams - Dream Oaks Camp

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**HORSEBACK RIDING
ACKNOWLEDGMENT OF RISK AND
ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY
Prospect Riding Center and Wolfe's Born to Ride LLC**

I, _____ (Parent/Guardian), hereby acknowledge that I have voluntarily applied to engage _____ (camper) in the activity of horseback riding with the Foundation for Dreams, Inc and Dream Oaks Camp, Prospect Riding Center and Wolfe's Born to Ride LLC. I understand that the activity of horseback riding involves numerous risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictable at times, and I also assume such risks. I understand that my camper may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs, and other hazardous surfaces or subsurface conditions and obstacles, whether they are obvious or not apparent, man-made or natural. I understand that animals are unpredictable and that the risk of injury is inherent to the activity.

I agree to assume all risk of injury or death associated with horseback riding, whatever the cause. I understand that the equipment being used at Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe's Born to Ride, LLC is maintained to the best of their abilities. I agree to assume all risk of injury or death caused by equipment failure, whatever the cause. As consideration for being permitted by The Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe's Born to Ride, LLC to engage in the activity of horseback riding, I do hereby waive any claim, and release The Foundation for Dreams, Inc, Dream Oaks Camp, Prospect Riding and Wolfe's Born to Ride, LLC and all owners, officers and members, affiliated organizations, horse and landowners, agents and or employees for any injury or death caused by, or resulting from my camper's participation in the activity of horseback riding.

This contract shall be legally binding upon my estate, assigns, my personal representatives, and self. Pursuant to Florida Statute §773.04, the following warning applies: **UNDER FLORIDA STATE LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.** I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this contract on behalf of the camper of my own free will. **THIS IS A RELEASE OF LIABILITY.** By signing this release, you agree to the terms outlined in this agreement.

Consumer Name (Camper): _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

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SCHOLARSHIP APPLICATION FORM

- Foundation for Dreams awards scholarships for **partial support** of program fees based on financial need, client effort to secure other sources of funding, and consideration of volunteer commitment.
- **Scholarship funding is limited.**
- We use a sliding scale combining the number of household members in relation to household income. We may also take special circumstance into consideration.
- **All information provided is kept confidential.**
- **Questions:** Contact our office at 941-746-5659 (Ask for AnnaMaria)

REQUIRED INFORMATION

(Please fill out all sections below in detail.)

Camper Name:	Date:
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AMOUNT OF SCHOLARSHIP FUNDING YOU ARE REQUESTING: \$

County of residence:	Zip Code (required):
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The number of people in household:	Annual HOUSEHOLD income:
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REASON FOR SCHOLARSHIP REQUEST

(Please use the space below to explain in detail why you are requesting this scholarship. Include any financial hardships or circumstance that may help us better understand your personal situation.)

Please explain:

INCOME VERIFICATION

(Please check appropriate box below.)

NEW SCHOLARSHIP APPLICATION

Proof of your **HOUSEHOLD** income is attached

- Acceptable Proof of Income:
- Most recent Income Tax Return, W2 for all earners, SSI award letter, foster care income statement.