



## **TOPP Foundation Camp Scholarship Aid Program**

### ***Scholarship eligibility and application requirements***

For your child to be considered for a diabetic camp scholarship to Camp Freedom or Camp Nejeda through the TOPP Camp Scholarship Program, please read the information and follow the instructions carefully.

#### **INFORMATION**

- Financial aid amounts will be individual to each child and will be awarded to families who demonstrate a financial need. Scholarships awarded will range from \$250 to a maximum of \$900 per camper. There is a limited amount of scholarships available.
- Parents/legal guardians will receive scholarship notification (approved and declined applications) via e-mail by the end of April 2020.
- Scholarship checks will be made payable to Camp Freedom or Camp Nejeda and will be sent directly to the Camp. Proof of camp enrollment will be required prior to payment of scholarship.

#### **CRITERIA**

- All applicants must be 16 years old or younger and diagnosed with Type 1 Diabetes to qualify for a camp scholarship.
- All applicant must live in Bucks County, Montgomery County or Philadelphia County in PA.
- Applicants must be enrolled in Camp Freedom or Camp Nejeda for the 2020 camp season before scholarships will be distributed.
- Only requests submitted on this application form will be considered for funding.

#### **INSTRUCTIONS**

- Applications must be completed in full, with all required attachments, at the time of submission\*
- Scholarship applications will be accepted from February 1<sup>st</sup>, 2020 to April 15<sup>th</sup>, 2020

***To apply for the TOPP Camp Financial Aid Scholarship, please submit the following:***

1. Completed 2-page application
2. Signed and dated photo release form, authorizing photos of camper to be used in TOPP fundraising efforts and TOPP social media
3. Copy of your 2019 1040 form (only 1<sup>st</sup> two pages and please block out the SS#). \*All items will be handled confidentially.

**\*Please print out these forms and submit the completed application, photo release form and required financial attachments by mail to the following address OR fill in your information on this fillable PDF form, save, download and email as an attachment to [christine@toppfund.org](mailto:christine@toppfund.org). Please remember to attach the required financial information to the email. Applications must be received by April 15th, 2020.**

**TOPP Foundation  
RE: Camp Scholarship Program  
P.O. Box 622  
Furlong, PA 18925**

Please email Christine at [christine@toppfund.org](mailto:christine@toppfund.org) with any questions

## **TOPP Camp Scholarship Aid Application**

### **Child's Information** (Please print all information)

Name of Camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Date diagnosed \_\_\_\_\_ Number of years child has attended camp, if applicable \_\_\_\_\_

### **Why do you want your child to go to camp? Why does your child want to go to camp?**

500 word-limit (feel free to use back of form)

### **What is the hardest part about living with T1D for your child?**

500 word-limit (feel free to use back of form)

**Provide a description of any extenuating family circumstances, such as job loss, illness, etc. that you wish TOPP to consider.** 500 word-limit (feel free to use back of form)

### **I will (or already did) register my child at (choose only one):**

\_\_\_ Camp Freedom in Schwenksville, PA\* (for June 20-26, 2020).

\_\_\_ Camp Nejeda in Stillwater, NJ (for a camp session during summer 2020).

\_\_\_ I will be applying for financial assistance from another source

\_\_\_ I will not be applying for financial assistance from another source

**I can pay \$\_\_\_\_\_ towards the total camp fee** (please let us know how much you can contribute towards the total fee)

\*Proof of enrollment to Camp Freedom or Camp Nejeda will be required prior to payment of financial aid scholarship

**Parent/Legal Guardian Information**

**Mother's Name** \_\_\_\_\_

Address (if different than camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of employment \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address (if different than camper) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone number \_\_\_\_\_

Place of employment \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

# of Dependent family members \_\_\_\_\_ Annual Household Income \_\_\_\_\_

**Please list other persons living in your household for whom you provide financial support but do not claim on your taxes.**

Name	Age	Relationship to Camper	Status - please circle
			Employed Student Other
			Employed Student Other
			Employed Student Other
			Employed Student Other
			Employed Student Other

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return all forms by 4/15/2020 to the address below or fill in your information on this fillable PDF form, save, download and email as an attachment to [christine@toppfund.org](mailto:christine@toppfund.org).**

**TOPP Camp Scholarship Program  
PO Box 622  
Furlong, PA 18925**

NOTE: All information submitted to TOPP Foundation will be kept private and confidential

# **TOPP Foundation Camp Scholarship**

## **2020 Photo Release Form**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, agree as follows:

1. I agree for my child to be photographed, recorded (graphically, verbally, and in written format) and videotaped by TOPP Foundation and its agents ("TOPP") in connection with the TOPP Foundation Camp Scholarship, if awarded.
2. I hereby irrevocably authorize TOPP and its affiliates to copyright, publish, reproduce, exhibit, transmit, broadcast, televise, digitize, display, otherwise use, and permit others to use, (a) my child's name, image, likeness, and voice, (b) all photographs, recordings, videotapes, audiovisual materials, writings, statements, and quotations of or by my child, in any manner, form, or format whatsoever now or hereinafter created, including on the Internet, and for any purpose, including, but not limited to, advertising or promotion of TOPP, its affiliates, or their services, without further consent form or payment to me.
3. It is understood that all of the Materials, and all films, audiotapes, videotapes, reproductions, media, plates, negatives, photocopies, and electronic and digital copies of the Materials, are the sole property of TOPP. I agree not to contest the rights or authority granted to TOPP hereunder. I hereby forever release and discharge TOPP, its employees, licensees, agents, successors, and assigns from any claims, actions, damages, liabilities, costs, or demands whatsoever arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement, or any other personal or property rights from or related to any use of the Materials. I understand that TOPP is under no obligation to use the Materials.
4. This document contains the entire agreement between TOPP Foundation and the undersigned concerning the subject matter hereof.

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Child's Name

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Parent / Guardian's Printed Name

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Parent / Guardian's Signature

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Date