



## **2023 TOPP Foundation Family Camp Scholarship Program** ***Scholarship eligibility and application requirements***

To apply for a family camp scholarship to Camp Nejedra through the TOPP Family Camp Scholarship Program, please read this information and follow the instructions carefully.

### **INFORMATION**

- This is a \$500 lottery scholarship. All eligible applicants will be entered into a lottery drawing and have an equal chance of winning. There is a limited number of scholarships available.
- If chosen, the family will receive notification confirming the camp scholarship via e-mail by the end of May 2023.
- Scholarship checks will be made payable to Camp Nejedra and will be sent directly to the camp. The family will be required to pay the balance for family camp. Proof of camp enrollment will be required prior to payment of scholarship.
- The family will be required to provide a minimum of one family photo that may be used on TOPP Foundation's social media accounts and website.
- The scholarship winners will be announced on TOPP Foundation's website and social media accounts.

### **CRITERIA**

- All family applicants must have a child diagnosed with Type 1 Diabetes.
- Applicant must be a Pennsylvania resident and live in Bucks County, Montgomery County, or Philadelphia County, PA.
- Applicants must be enrolled in a 2023 family camp weekend at Camp Nejedra 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 15<sup>th</sup>, 2023, to April 30<sup>th</sup>, 2023

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

1. Completed 2-page application.
2. One signed and dated minor photo release form for all children attending.
3. Signed and dated adult photo release forms for *each adult* attending. These forms authorize TOPP to use photos/video of your family for fundraising efforts and social media.

**\* Application deadline is April 30, 2023. Please print out these forms and submit the completed application, photo release form by mail to the address below or scan and email the documents to Christine at [christine@toppfund.org](mailto:christine@toppfund.org)**

**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 Application

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

T1D Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

County \_\_\_\_\_ Age \_\_\_\_\_ Date diagnosed \_\_\_\_\_

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

**Sibling information** (please print the names of siblings attending and their age)

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**Why does your family want to attend family camp at Camp Nejeda? Please explain why your family would benefit from attending a diabetes family camp:** 500 word-limit (feel free to use back of form or an additional piece of paper)

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**A diagnosis of T1D affects the whole family. How does T1D affect your family experience?** 500 word-limit (feel free to use back of form or an additional piece of paper)

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**Tell us about your family members (interests, activities, hobbies, special talents, etc.)** 500 word-limit (feel free to use back of form or an additional piece of paper)

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*For T1D Camper or sibling (pick one of the options below)*

- 1. Please write, draw, or in some way express why you want to go to family camp.**
- 2. Please draw a picture of your family.** These may be used on TOPP's website or social media.

**Family Camp Information**

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**Camp Nejeda (4 different sessions to choose from)**

\_\_\_ My family is registered for Family Camp at Camp Nejeda (circle one below)

June Family Camp 6/23/23-6/25/23

August Family Camp 8/20/23-8/22/23

Spanish Family Camp 8/24/23-8/26/23

Labor Day Family Camp 9/2/23-9/4/23

\*PROOF OF ENROLLMENT TO A CAMP SESSION WILL BE REQUIRED

**Please print the names of all adults attending Family Camp (parents, grandparents, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Information**

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

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

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

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

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

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

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

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

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

**Please return forms by 4/30/23 to the address below**

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

# TOPP Foundation Family Camp Scholarship

## 2023 Minor Photo Release Form

I, \_\_\_\_\_ hereby grant and authorize on behalf of the following minor(s),

	Minor Name	Minor Age	Minor Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

TOPP Foundation the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of Minor(s) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. I waive any right to royalties or other compensation arising or related to the use of the photograph.

This authorization extends to all languages, media, formats, and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the Minor(s) revokes this authorization in writing upon reaching majority age.

I waive any right that I or the Minor(s) may have to inspect or approve any finished product in which Minor's likeness appears, including written or electronic copy.

I understand and agree that these materials shall become the property of TOPP Foundation and will not be returned.

I hereby hold harmless and release TOPP Foundation from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and Minor(s) estate(s).

I warrant that I am of full age and have every right to contract for Minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents. This release shall be binding upon Minor(s) and me, and our respective heirs, legal representatives, and assigns.

Signed: \_\_\_\_\_ Relationship to Minor(s): \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TOPP Foundation Family Camp Scholarship**  
**2023 Adult Photo Release Form**

I, \_\_\_\_\_ hereby grant and authorize TOPP Foundation the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats, and markets now known or later discovered.

This authorization shall continue indefinitely unless I otherwise revoke this authorization in writing.

I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

I agree that I have been compensated for this use of my likeness or have otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of TOPP Foundation and will not be returned.

I hereby hold harmless and release TOPP Foundation from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TOPP Foundation Family Camp Scholarship**  
**2023 Adult Photo Release Form**

I, \_\_\_\_\_ hereby grant and authorize TOPP Foundation the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

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I agree that I have been compensated for this use of my likeness or have otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

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I hereby hold harmless and release TOPP Foundation from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_