



2024 TOPP Foundation Camp Scholarship Program

Scholarship eligibility and application requirements

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, parents/legal guardians will receive notification confirming the camp scholarship via e-mail by the end of May 2024.
- Scholarship checks will be made payable to Camp Nejeda or Camp Freedom and sent directly to the camp. The family will be required to pay the balance for camp. If full payment has already been made, the Camps will refund the scholarship amount directly to you. Proof of camp enrollment is required prior to payment of scholarship.
- The camper will be required to provide photos of themselves that may be used on TOPP Foundation's social media accounts and website.
- The scholarship winner (picture and first name only) will be announced on TOPP Foundation's website and social media accounts.

CRITERIA

- All applicants must be 16 years old or younger and 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 registered for Camp Freedom or Camp Nejeda for the 2024 camp season before the scholarship amount 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 15th, 2024, to April 30th, 2024.

To apply for the TOPP Camp 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.

*** Application deadline is April 30, 2024. Please print out these forms, submit the completed application and photo release form by mail to the address below or scan and email the documents to Christine at christine@toppfund.org**

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

Please email Christine at christine@toppfund.org with any questions

2024 TOPP Foundation Camp Scholarship Application

Today's date _____

Child's Information (Please print all information)

Camper's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

County _____ Age _____ Date diagnosed _____

Number of years child has attended camp, if applicable _____

Why does your child want to go to camp? Please explain why your child would benefit from attending a diabetes summer camp: 500 word-limit (use back of form or an additional piece of paper)

How will this scholarship help your child and/or your family?

500

word-limit (feel free to use back of form or an additional piece of paper)

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

500 word-limit (feel free to use back of form or an additional piece of paper)

Tell us about your child. What does your child like to do in their spare time? Example: extracurricular activities, groups, classes, programs, hobbies, special talents, etc. 500

word-limit (feel free to use back of form or an additional piece of paper)

Optional - For Camper; Write, draw, or in some way express what camp means to you and why you want to go to camp. Letters or drawings may be used on our website or social media accounts.

Camp Information

Camp Freedom (one week camp only)

___ My child is registered for Camp Freedom (June 15 - June 21, 2024)

Camp Neveda (5 different sessions to choose from)

___ My child is registered for Camp Neveda session # (check one below)

___ 1. 6/30-7/5 (1 week)

___ 2. 7/7-7/19 (2 weeks)

___ 3. 7/21-8/2 (2 weeks)

___ 4. 8/4-8/9 (1 week)

___ 5. 8/11-8/16 (1 week)

*PROOF OF ENROLLMENT TO A CAMP SESSION WILL BE REQUIRED

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 4/30/24 to the address below or email to christine@toppfund.org

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

TOPP Foundation Camp Scholarship

2024 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 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 authorizes photos of the child to be used in TOPP fundraising efforts, TOPP social media accounts, and TOPP Foundation's website.
5. This document contains the entire agreement between TOPP Foundation and the undersigned concerning the subject matter hereof.

Child's Name

Parent / Guardian's Printed Name

Parent / Guardian's Signature

Date