



2025 TOPP Foundation Family Camp Scholarship Program ***Scholarship eligibility and application requirements***

To apply for a family camp scholarship, please read the information below 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 within 7 days of the application deadline for each camp session.
- Scholarship checks will be made payable to Camp Nejeda and sent directly to the camp. The family will be required to pay the balance for family camp. If full tuition was already made, Camp Nejeda will refund the scholarship amount directly to you. Proof of camp enrollment is required prior to payment of scholarship.
- If chosen, the family will be required to provide a minimum of one photo of their child and a minimum of one family photo. We also request a family photo or two taken during Family Camp. These photos may be used on TOPP Foundation's social media accounts and website.
- Scholarship recipients 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.
- Applicants must be a Pennsylvania resident and live in Bucks County, Montgomery County, or Philadelphia County, PA.
- Applicants must be enrolled in a 2025 family camp weekend at Camp Nejeda before scholarships will be distributed.
- Only requests submitted on this application form will be considered for funding.

INSTRUCTIONS

- Applicants must complete and sign all forms at the time of submission.
- Family Camp Scholarship applications open on February 15th, 2025 and close one month before each camp session. Example: If the family is attending the 6/6-6/8 session, the application is due by 5/6/25.

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. A 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.

*** 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**

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

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

TOPP's Family Camp Scholarship Application

Today's date _____

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 and/or family has attended camp, if applicable _____

T-shirts:

Indicate how many of each size for all children attending: Youth S (6-8) ___ Youth M (10-12) ___

Youth L (14-16) ___ Adult S ___ Adult M ___ Adult L ___ Adult XL ___

Indicate how many of each size for all adults attending AS ___ AM ___ AL ___ AXL ___ AXXL ___

Why does your family want to attend Family Camp at Camp Nejeda? How will this scholarship help your family? Explain why your family would benefit from attending a diabetes family camp: (feel free to use the back of this form or an additional piece of paper)

A diagnosis of T1D affects the whole family. How does T1D affect your family experience?

Tell us about your family members (interests, activities, hobbies, special talents, etc.)

(feel free to use the back of this form or an additional piece of paper)

***Optional For the T1D Camper or sibling(s)** (pick one of the options below and attach to application)

- 1. Express why you want to go to family camp by writing about it or by making a drawing about it.**
- 2. Draw a picture of your family.** TOPP Foundation may use these on their website or social media.

Family Camp Information

Camp Neveda

Please check the session below that your family will be attending.

- | | |
|--|------------------------------|
| ___ June Family Camp 1: Friday, June 6 - Sunday, June 8 | Application deadline 5/6/25 |
| ___ June Family Camp 2: Friday, June 13 - Sunday, June 15 | Application deadline 5/13/25 |
| ___ August Family Camp: Thursday, August 21 - Saturday, August 23 | Application deadline 7/21/25 |
| ___ Labor Day Family Camp: Saturday, August 30 - Monday, September 1 | Application deadline 7/30/25 |

*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 (please print) _____ Cell phone number (_____) _____

Father's Name _____

Address (if different than camper) _____

City _____ State _____ Zip Code _____

E-mail address (please print) _____ Cell phone number (_____) _____

Print the names of all adults attending Family Camp (names of parents, grandparents, etc.)

Print the names and ages of all siblings attending Family Camp

Parent / Guardian Signature _____ **Date** _____

Please return forms to the address below or email to christine@toppfund.org
TOPP Camp Scholarship Program
PO Box 622
Furlong, PA 18925

TOPP Foundation Family Camp Scholarship
2025 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.

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.

Print Name _____ Relationship to Minor(s): _____

Signature _____ Date _____

TOPP Foundation Family Camp Scholarship
2025 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 not 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.

Print Name _____

Signature _____ Date _____

TOPP Foundation Family Camp Scholarship
2025 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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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 not 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.

Print Name _____

Signature _____ Date _____