2026 TOPP Foundation Camp Scholarship Program

Overview

The TOPP Foundation is offering **$500 camp scholarships** for the 2026 season. Scholarships are awarded through a **lottery system**, ensuring every eligible applicant has an equal chance. A limited number of scholarships are available.

Scholarship funds will be paid **directly to Camp Nejeda or Camp Freedom**, and families are responsible for any remaining tuition balance. If a family has already paid in full, the camp will issue a refund for the scholarship amount once TOPP sends payment.

The camper's **first name and photo** may be publicly announced as a scholarship winner and may be used on the TOPP Foundation's website and social media accounts.

Notification

Families selected in the lottery will receive an email notification by the end of May 2026.

Media Requirements

Parents must:

- Provide photos of the camper for use on TOPP's website and social media
- Sign the photo release form (page 3 of the application)

Eligibility Criteria

Applicants must meet **all** the following:

- **Age:** 16 or younger
- **Diagnosis:** Type 1 Diabetes
- **Residency:** Must live in **Bucks, Montgomery, or Philadelphia County, PA**
- **Camp Enrollment:** Must be registered for **Camp Freedom or Camp Nejeda** for the 2026 season before scholarship funds are released
- **Application Format:** Only applications submitted on the official form will be considered

Application Requirements

To apply, families must submit:

1. **A fully completed 3-page application**
    - Pages 1–2: Application
    - Page 3: Photo release form
2. **At least two high-quality photos** of the camper (JPEG or PNG) emailed to **christine@toppfund.org**

Timeline

- **Application window:** February 15, 2026 → April 30, 2026
- **Deadline:** April 30, 2026
- **Notification:** By end of May 2026

Application Submission

- **By mail** to:
  TOPP Foundation
  PO Box 622
  Furlong, PA 18925
- **Or by email** (scanned copies) to **christine@toppfund.org**

2026 TOPP Foundation's Camp Scholarship Application

Today's date _____

Child's Information (Please print)

Camper's Name_____ Date of Birth_____

Address _____City _____ State ____ Zip Code _____

County _____Age_____ Date Diagnosed _____

Number of years your child has attended diabetes camp, if applicable_____

Please indicate child's T-Shirt size:

Youth S (6-8) __ Youth M (10-12) __ Youth L (14-16) __ Adult S __ Adult M __ Adult L __ Adult XL __

Please have your child answer one of these (or both) questions below.

Feel free to use the back of this form or add an additional paper if more room if needed to answer the questions below. *Optional - For Camper; Write, draw, or in some way express what camp means to you and why you want to go to camp. Answers may be used on our website or social media.*

"I want to go to camp because_____"

"I love camp because _____"

Please explain why your child would benefit from attending diabetes camp this summer.

_____

_____

_____

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

_____

_____

_____

What is one of the most challenging parts about T1D for your child and/or your family?

_____

_____

_____

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

_____

_____

_____

Camp Information

Please indicate which camp your child is attending.

Camp Freedom

____ My child is registered for Camp Freedom *June 20–26, 2026*

Camp Nejeda

____ My child is registered for Camp Nejeda. Check which session your child is attending below.

____ *BFF Week* (Ages 7-15): Sunday, June 28 - Friday, July 3

1-Week Sessions
____Session 3 (Ages 7-12): Sunday, August 2 - Friday, August 7
____Session 4 (Ages 7-15): Sunday, August 9 - Friday, August 14

2-Week Sessions
____Session 1 (Ages 9-13): Sunday, July 5 - Friday, July 17
____Session 2 (Ages 12-16): Sunday, July 19 - Friday, July 31
____Combined Sessions 3&4 (Ages 10-12): Sunday, August 2 - Friday, August 14

*PROOF OF ENROLLMENT TO A CAMP SESSION WILL BE REQUIRED

Parent/Legal Guardian Information

(Please print)

Mother's Name _____

Email address _____Cell phone number _____

Address (if different than camper) _____

City _____ State _____ Zip Code _____

Father's Name _____

Email address _____Cell phone number _____

Address (if different than camper) _____

City _____ State _____ Zip Code _____

Parent / Guardian Signature _____Date _____

Please return all forms by 4/30/26 to the address below or email to christine@toppfund.org
TOPP Camp Scholarship Program
PO Box 622
Furlong, PA 18925

TOPP Foundation Camp Scholarship

2026 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