Inspiring HANDS



Campership Application

Scholarship recipient Name	Camp Application ID
Camp Name (must be an approved IH Camp)	
Camp representative (please print)	Phone
E-mail address	
Who is completing the scholarship application? Parent/G	uardian Camp Other (explain)
If Other: Name (please print)	Phone
Address	
City	
Phone	_ E-mail address
Why did you select this camper to receive a scholarship to	camp? Attach separate sheet if needed.
Does applicant qualify for financial need based assistance	e by the camps requirements? Yes No
Period attending camp	to
Month/Day/Year	Month/Day/Year
Total camper fee <u></u>	Total scholarship requested \$

In submitting this camp scholarship application I confirm that the applicant has already applied to and been accepted by the Inspiring HANDS, Inc. approved Camp listed above. I also agree that if the applicant does not attend the camp for any reason during the sessions indicated above that I authorize release of all scholarship funds in full back to Inspiring HANDS, Inc. or if approved by Inspiring HANDS, Inc. to another qualified recipient only.

Scholarship recipients will be notified by April 30th.

Payments are made directly to the camp on behalf of the camper recipient. Please allow fourteen days for payment processing.

I hereby agree to the terms of the camper scholarship terms.

Parent / Guardian Signature	Date
Camp Rep Signature	_ Date

Return by March 1st to: Inspiring HANDS, Inc. Attn: Camp Scholarships P.O. Box 1823 Tomball, TX 77377-1823

BELOW TO BE COMPLETED BY INSPIRING HANDS, INC. SCHOLARSHIP COMMITTEE ONLY

Date Received	Approved / Denied	Amount Approved	Date Notified	Date Paid			
Comments:							
Executive Director 1 (print name)		Executi	Executive Director 2 (print name)				
Director Signature	Date	Directo	r Signature	Date			