



MPDCI CAMP SCHOLARSHIP PROGRAM APPLICATION

In order to apply for a camp scholarship sponsored by **MPDCI**, please complete the following information in full. Incomplete applications will be returned. Applications will be reviewed, as they are received. There will be a limited number of scholarships available, so please turn your form in promptly. You will be notified of acceptance by mail within 4 weeks of the receipt of your application.

Each scholarship will cover camp costs for up to \$300.00. If your application is approved, checks will be made payable to the camp in question.

We will need to contact the camp to verify the camper's application status. We will also confirm with your doctor whether your child can participate in the camp. Please sign the consent forms on the following page in order for us to be able to contact these individuals.

Camper Name

Age

Date of Birth

Address

Current Grade

City

State

Zip Code

(____)_____

Home phone

Parent or Legal Guardian

(____)_____

Work phone

E-mail address

_____ (____)_____

Name of Cystic Fibrosis Center / Doctor

Doctor's phone

Name of Camp

Camp cost

Camp dates

Address

(____)_____

Camp phone

City

State

Zip Code

Name of Camp director or other contact person

Will your child be staying overnight at the camp? YES / NO

Has your child attended this camp in the past? YES / NO

MPDCI CONSENT FORM FOR CAMP SCHOLARSHIPS

As part of the effort of Michigan Pulmonary Disease Community, Inc. to provide a chance for young children with CF to attend various summer camps, we may need additional information from CF doctors and camp directors.

I, _____ give permission to an MPDCI representative to
parent/guardian

contact Dr. _____ to discuss my child, _____
child's doctor *name of camper*

from ____/____/____ to ____/____/____.

The expected activities in the camp are _____.

Parent/guardian signature *Date*

I, _____ give permission to an MPDCI representative to
parent/guardian

contact the camp director, Mr./Mrs. _____ at
name of camp director

Camp _____ to discuss my child, _____'s
camp name *name of camper*

application, fee schedule and camp eligibility.

Parent/guardian *Date*

Please return completed application to

MPDCI - Camper Scholarship
P.O. Box 790
Troy, MI 48099

Questions may be directed to:
camperscholarship@mpdci.org
or call (800) 365-9140
visit us at WWW.mpdci.org