

**Colburn-Keenan Foundation, Inc.**  
**Campership Application**

**Each child is eligible to apply for up to \$500 of campership benefits per year.  
Complete one Campership Application per child.**

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Name of the individual writing your Letter of Support: \_\_\_\_\_

- ⇒ **MUST: Include a Letter of Support from a social worker, case manager, homecare staff or other comparable professional involved with the family**

How did you hear about the Campership Program? \_\_\_\_\_

- ⇒ **Children up to age 18 are eligible to apply**  
⇒ **Children who have a chronic illness are eligible to apply**  
⇒ **Children whose parent(s) or siblings(s) have a chronic illness are eligible to apply**

Child's name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your child living with a chronic illness?     Yes     No    Year of diagnosis: \_\_\_\_\_

If yes, what chronic illness is your child diagnosed with? \_\_\_\_\_

If no, what is the name and relationship of the child's immediate family member living with a chronic illness? \_\_\_\_\_

What chronic illness is this family member diagnosed with? \_\_\_\_\_

Has your child been accepted to a camp that specifically serves youth affected by chronic illnesses?

Yes     No

**If yes, provide a copy of the acceptance letter or other documentation proving attendance.**

**If no, include a letter of intent stating:**

- name and address of the chronic illness camp your child plans to attend
- what chronic illnesses the camp serves
- whether an application is pending with the camp yet

Has your child attended the above camp in the past?     Yes     No

If yes, in what years? \_\_\_\_\_

Has your child attended any other camps in the past?     Yes     No

If yes, which other camp(s) has your child attended in the past and for how many years each?  
\_\_\_\_\_

# WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING

## Registration fee

What is the registration fee for the above stated camp? \_\_\_\_\_

Have you already paid the fee?     Yes     No

⇒ If yes, include a copy of the receipt of payment from the camp.

⇒ If no, include a copy of documentation from the camp stating registration fee.

## Travel expenses to get to and from the camp

How will your child travel to and from camp?     car     bus     train     airplane

**If traveling by car, we need the following information:**

Address you are leaving from: \_\_\_\_\_

Address of camp: \_\_\_\_\_

Car Information: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Number of passengers in the car: \_\_\_\_\_

**If approved**, which gas station would you prefer a gift card to?     Shell     Mobile

**If traveling by bus, train or airplane, how much will a roundtrip ticket cost?** \_\_\_\_\_

Please provide a printed quote of expected costs.

## Camp related items (such as swim suits, flashlights, sleeping bags, etc.)

⇒ Include a copy of the camp's official packing list. Please list what you expect you will need to purchase off the packing list:

Item	Approximate cost	Item	Approximate cost
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**If approved**, which store would you prefer a gift card to?     Target     Wal-Mart

## Campership Agreement and Release Consent Form

I confirm that the information provided on this campership application form and in all supporting documentation is complete and accurate. I understand that campership assistance is not guaranteed. I agree to provide all requested documentation in a timely fashion.

I give consent, and hereby authorize, the Colburn-Keenan Foundation, Inc. (CKF) to verify the information contained in this application and in all supporting documentation. CKF may contact any camp, company, agency, medical office, records bureau, insurance carrier, referral source, case manager, treatment center, doctor, nurse, or service provider to obtain any further necessary information in the course of campership application review and, if approved, campership disbursement. CKF is permitted to phone, fax, write, or email with any company from which I submit a bill, invoice, or statement as part of this grant application. All records (including records in these subject areas: financial, medical history and treatment, vocational, case management, and treatment plans including hospice advance directives) may be shared with, released to, and provided to CKF. This information has been disclosed to CKF from records which may be protected by state and/or federal laws that protect confidentiality. These laws prohibit CKF from making further disclosure of this information without the specific written consent from the applicant, or as otherwise permitted by state law. Any and all information pertaining to the campership applicant, the campership applicant's medical records, medical information, financial information, etc. is strictly confidential and proprietary to CKF consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I release each any of the involved companies, agencies, institutions, persons, etc. and CKF staff and counsel from all legal responsibility or liability that may arise from authorized release of this information. I understand and that I may revoke this consent at any time. This consent expires one year after the date signed.

By signing, I attest that I have read the above and agree to abide by the policies of the Campership Program as outlined in this application and through all other correspondence with the Colburn-Keenan Foundation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Pursuant to section 4945(g) of the Internal Revenue Code and section 53.4945-4 of Treasury Regulations, the above is information needed by the Colburn-Keenan Foundation in the awarding of grants to individuals.*

**PLEASE REVIEW THIS CHECK LIST PRIOR TO SUBMITTING APPLICATION**

**ALL applicants must submit:**

- completed application (pages 1-3)
- Acceptance Letter from camp OR Letter of Intent (whichever is applicable)
- Letter of Support from a social worker, case manager, homecare staff or other comparable professional involved with the family

**Required documentation that must be submitted if requesting registration fee:**

- a copy of the receipt of payment from the camp
- OR
- a copy of documentation from the camp stating registration fee

**Required documentation that must be submitted if requesting travel expenses to get to and from the camp:**

- if traveling by car, be sure that you have answered all questions on page 2
- OR
- if traveling by bus, train or airplane, please provide a printed quote of expected costs

**Required documentation that must be submitted if requesting camp related items:**

- a copy of the camp's official packing list

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**Submit completed application and all required documentation to:**

Regular mail: Colburn-Keenan Foundation  
P.O. Box 811  
Enfield, CT 06083

Fax: 888-345-0259

Email: [admin@colkeen.org](mailto:admin@colkeen.org) (*application and supporting documentation as attachments*)

**\*\* Always call or email to confirm that the application is received after submitting it\*\***