

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 inherited bleeding disorder are eligible to apply**
- ⇒ **Children whose parent(s) or siblings(s) have a chronic inherited bleeding disorder are eligible to apply**

Child's name: _____ Child's Date of Birth: ____/____/____

Is your child living with a chronic inherited bleeding disorder? Yes No Year of diagnosis: _____

If yes, what chronic inherited bleeding disorder is your child diagnosed with? _____

If no, what is the name and relationship of the child's immediate family member living with a chronic inherited bleeding disorder? _____

What chronic inherited bleeding disorder is this family member diagnosed with? _____

Has your child been accepted to a camp that specifically serves youth affected by chronic inherited bleeding disorders? 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 inherited bleeding disorder camp your child plans to attend
- what chronic inherited bleeding disorders 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, Inc. I attest that I am a United States citizen or legally living permanently in the United States and that the child/children who will be attending camp are also United States citizens or legally living permanently in the United States.

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

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 (*application and supporting documentation as attachments*)

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