



*Down Syndrome Association
of Brazos Valley*

Camp Stipend Application

To apply for a stipend, please:

Use postal mail or e-mail to send your Stipend Application, Stipend Agreement together with the Camp Registration Form to:

Down Syndrome Association of Brazos Valley
2910 Horseback Ct.
College Station TX 77845
E-mail: dsabv@yahoo.com

Note: We cannot consider your application until we have received your Stipend Application Form, Stipend Agreement and copy of camp registration form confirming your desire to send your child to camp, and the answers to the questions below. *You must be a member of the DSABV.*

Qualifications for stipend for camp: (not to exceed \$300)

1. must be paid member for FY 2010
2. Must have raised money at Buddy walk and/or volunteered at least 10 hours prior to camp
3. volunteer hours can come from working at FADS, social events ,booths, classes, or where needed

Estimated # of hours volunteered _____

Estimated money raised for Buddy Walk _____

Stipend Application Form

Name: _____

Street Address, City, State, Zip Code: _____

Phone number: _____

E-mail address: _____

Child's name and age with Ds _____

Name of Camp: _____

Please estimate as best you can your total registration fee for camp: _____

Total Amount Requested: _____

If awarded a stipend, do you prefer best method of contact phone/e-mail to find out amount awarded _____ phone _____ e-mail We will reimburse you for the amount you are awarded. **It is your responsibility to register your child for camp.**

Camp Stipend

Participant Stipend Agreement

Please complete and mail this form with the requested information to:

Down Syndrome Association of Brazos Valley
2910 Horseback Ct.
College Station TX 77845

Please Print

Issue Check to:	
Mailing Address:	
Social Security Number	
Phone Number	
E-mail address	

I acknowledge that if I receive and use a stipend, I will send my child to camp. If I do not send my child to camp, I will return the full amount of stipend funds to the address listed above. I will send in a minimum of three pictures of my child at camp and a thank you letter to the group for the stipend within two weeks after the end of camp. If possible let the child write the letter talking about their experience at camp.

In consideration of my minor child(ren) being permitted to participate in any camp, I hereby—for myself, my heirs and personal representatives—assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue Down Syndrome Association of Brazos Valley its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in camp.

Signature

Date

If you have any questions please contact Christy Knight @ 979-778-7010 or dsabv@yahoo.com