



Williams Syndrome Association WHISPERING TRAILS Camp Scholarship Application 2008



For benefit of: _____ Soc. Sec. Number _____

Parents' or Guardians' Names: _____

Address: _____

Phone: _____

Age of camper: _____ Number of dependent children in family: _____

Amount requested:

Music & Enrichment Camp

Aug 9 – 16th 7 day camp: \$300 (half scholarship) \$600 (full scholarship)

Aug 6 – 16th 10 day camp: \$375 (half scholarship) \$750 (full scholarship)

Music Therapy Camp

June 17 – 21st 4 day camp: \$217.50 (half scholarship) \$485 (full scholarship)

June 15 – 21st 6 day camp: \$282.50 (half scholarship) \$565 (full scholarship)

Family income level: under \$20,000 \$20,000 - \$40,000
 \$40,000 - \$60,000 over \$60,000

Extenuating financial circumstances (if applicable): _____

Have you previously received a scholarship from the Williams Syndrome Association:

A Chloe Reisig scholarship for music lessons? yes no

A camp scholarship (limited to two years in a row)?

Yes, which year (s) _____ \$ amount _____ No

Signature of parent or guardian: _____ Date: _____

NOTE: This information will be kept confidential. Please be aware that requests will be fulfilled based on need and the total number of requests received. It is not always possible to grant every request.

CAMP SPONSORSHIP

Many WS campers in past years have received financial assistance from sponsors. We encourage you to seek outside support for your attendance at one of the special Williams syndrome camp programs, or any other camp.

In the past, campers have been supported by:

- Developmental disability agencies (They have respite/recreation funds.)
- Lions Clubs, Goodwill (They aim to help people with disabilities.)
- Pediatric or medical practice
- School system
- Grandparents (Camp fee is a good gift.)
- Church and religious groups
- Businesses (especially ones you patronize or are employed by)

Some suggestions:

- Make your appeal in person or if by letter be sure to follow-up by phone or in person.
- Use the camp brochure, videos, and WS information to explain Williams syndrome and the camp program (available from WSA Office).
- Send a thank you note to your sponsor(s) when you receive their contribution, and another one after camp is over.

Important: The money you raise will be used to offset your own camp fee for Williams syndrome camps. Although the donated funds may be made payable to Williams Syndrome Association, they will not be considered as tax deductible donations since they will be turned over to the camp in your name. Kindly make this clear to your sponsors. Also, for your sake and ours, retain a copy of all sponsor forms.

SAMPLE LETTER TO POTENTIAL SPONSORS

Dear

In August, 2008, the Williams Syndrome Music and Enrichment Camp will be held for individuals with Williams syndrome and related disabilities. I am hoping to attend, and I am seeking your support.

This special camp is sponsored by the Williams Syndrome Association, a national, volunteer driven, nonprofit organization representing over 5000 families and will be held at the Indian Trails Camp facility in Grand Rapids, MI. The camp program was highlighted in segments about Williams syndrome on *Sixty Minutes*, *Dateline*, and *Inside Edition*. In addition, it has been featured in documentaries aired in Great Britain, France, Germany, Holland, and Japan, as well as on PBS in the United States.

The camp offers wonderful facilities for music instruction and enrichment activities, as well as an indoor swimming pool and a beautiful setting. The music teachers are professional musicians and educators. The enrichment program leaders are experienced special educators and camp counselors.

The cost of the camp is \$600 for seven days and nights. I hope you will consider providing financial assistance, so that I can take advantage of this unique program.

Thank you very much.

Sincerely,

Williams Syndrome Association Camp Sponsor Form

The camp programs listed below are all sponsored by the Williams Syndrome Association, Inc.

I seek your support to attend:

- Music & Enrichment Camp** at Indian Trails, in Grand Rapids, MI, August 9 – 16
- Music & Enrichment Camp** at Indian Trails, in Grand Rapids, MI, August 6 – 16
- Music Therapy Camp** at Indian Trails, in Grand Rapids, MI, June 15 – 21
- Music Therapy Camp** at Indian Trails, in Grand Rapids, MI, June 17 – 21

Camper Name: _____

Age: _____ Phone: _____

Address: _____

Parent Name(s): _____

The camp fees are as follows:

Music & Enrichment: 7 day camp: \$600 10 day camp: \$750

Music Therapy 4 day camp: \$485 6 day camp: \$565

Sponsor will support camp for:

\$750 \$500 \$300 \$150 Other _____

Enclosed is a check for \$ _____ (Payable to the Williams Syndrome Association – marked "CAMP")

Sponsor Name: _____

Organization: _____

Mailing Address: _____

Please return check and form to the camper.

NOTE: Because contributions will be applied toward the camp fee of this individual camper, and not the general fund of the WSA, contributions are not tax-deductible.

THANK YOU!

KEEP FOR YOUR RECORDS:

Camp sponsorship in the amount of _____ Date _____

For the benefit of _____

Organization: Williams Syndrome Association, Inc. P.O. Box 297 Clawson, MI 48017
Tel. (248) 244-2229 Fax: 248-244-2230 Email: info@williams-syndrome.org