

Scholarship Applications MUST be in the WSA office by March 15, 2012

**Williams Syndrome Association
Summer Camp Scholarship
Application 2012**



For benefit of: _____ Soc. Sec. Number: _____

Parents' or Guardians' Names: _____

Address: _____

Phone: _____ E-Mail address: _____

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

Camp Information:

- WSA sponsored camp:
- Music Therapy Camp – 4 day – ages 6 - 12
 - MT Extended Camp – 6 day – ages 10 – 12
 - M&E Teen Camp - Michigan, ages 13 - 17
 - M&E Adult Camp - Michigan, ages 18 – 30
 - Teen Camp - Charlottesville, VA ages 13 - 20
 - Teen Camp - Boulder Creek, CA ages 15 - 25
 - Camp Manitowa - IL ages 8- 15
 - Adult Camp - Charlottesville VA ages 25 & up

Other Camp Opportunity: _____

If the camp is not listed above, please provide the following:

Name of Camp: _____

Dates of Camp: _____ What is the tuition for this camp? _____

Is the above camp a: Day Camp Residential Camp

What is the estimated travel expense to and from the named camp? _____

Total Amount Requested: _____

FINANCIAL INFORMATION

Current Yearly Household Income (per IRS tax return) \$ _____

Number of dependents living at home: _____

Additional Income: \$ _____

Total Yearly Income: \$ _____

Does Applicant receive SSI payments: No Yes, annual amount: \$ _____

Do you have any additional 'Out of Pocket' expenses for:

Elderly Parents: No Yes, amount: \$ _____

Tuition for other Children: No Yes, amount: \$ _____

Medical expenses (paid or accumulating): No Yes, amount: \$ _____

(If you answered yes to any of the above, supporting documentation must be provided)

Have you ever participated in a WSA fundraising event? No Yes

If yes, which ones: _____

Have you ever received a WSA Scholarship?

No

Yes

If yes, which one(s): _____

Signature of parent or guardian: _____ Date: _____

CAMP SPONSORSHIP

Many WS campers have received financial assistance from various other 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.)
- Local Unions, Rotary Club
- 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, 2012, 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 *20/20*, *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 \$675. 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:

- | | | |
|--------------------------|--|----------------------------------|
| <input type="checkbox"/> | Music Therapy Camp at Indian Trails, in Grand Rapids, MI, | July 15 - 19 |
| <input type="checkbox"/> | Music Therapy Camp at Indian Trails, in Grand Rapids, MI, | July 15 - 21 |
| <input type="checkbox"/> | Music & Enrichment Camp Teen Camp in Grand Rapids, MI, | August 5 - 11 |
| <input type="checkbox"/> | Music & Enrichment Camp Adult Camp in Grand Rapids, MI, | August 12 - 19 |
| <input type="checkbox"/> | Teen Camp - Charlottesville, VA | August 5 - 10 |
| <input type="checkbox"/> | Teen Camp - Boulder Creek, CA | August 13 - 19 |
| <input type="checkbox"/> | Camp Manitowa – Rend Lake, IL | June 25 – July 1 or July 23 - 29 |
| <input type="checkbox"/> | Adult Camp - Charlottesville VA | October 11 - 14 |

Camper Name: _____

Age: _____ Phone: _____

Address: _____

Parent Name(s): _____

The camp fees are as follows:

Music Therapy Camp:	4 day camp: \$500	6 day camp: \$625
M&E Teen Camp:	\$675	
M&E Adult Camp:	\$675	

Sponsor will support camp for:

Full Pmt ½ Payment Partial Payment 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. 570 Kirks Blvd, Suite 223, Troy MI 48084
Tel. (248) 244-2229 Fax: 248-244-2230 Email: info@williams-syndrome.org