



taking on disability together

**Camp ROCKS (June 17 – 22, 2018) Payment Options**

Please check the appropriate options for your payment.

**Camper's Name** \_\_\_\_\_

**Required \$100 Deposit**

- Check for deposit enclosed
- Please charge my credit card for the following amount (\$ \_\_\_\_\_)
  - Visa       MasterCard       Discover       American Express

Printed Name \_\_\_\_\_

Card Number \_\_\_\_\_

Address \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Signature \_\_\_\_\_

**Camp Payment Options:**

**Choice #1** - I will pay the full camp fee of \$375 for my camper's session.

- Check for full amount enclosed
- Please charge my credit card for the following amount (\$ \_\_\_\_\_)
  - Visa       MasterCard       Discover       American Express

Printed Name \_\_\_\_\_

Card Number \_\_\_\_\_

Address \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Signature \_\_\_\_\_

**Choice #2** - I have arranged for my own sponsorship

The following organization has agreed to pay \$ \_\_\_\_\_ toward our camp fees.  
I will pay the difference of \$ \_\_\_\_\_

Name of the Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**Choice #3** I am requesting a camp scholarship from Camp ROCKS

Once the level of assistance has been determined, you will be contacted by a camp coordinator. **Please attach a copy of last year's tax return and complete Application for Camp Scholarship form.**

Please contact Bonnie Fisher at 317.466.1000 x2488 with any questions.

**Camp ROCKS Application for Camp Scholarship**

Please complete this form to apply for a scholarship and return it with your Camp ROCKS registration form. This confidential application will only be reviewed by the camp coordinator for the purpose of determining eligibility. No other camp participant, counselor or volunteer will be aware of this application or subsequent award of scholarship, if any.

Child's Name \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Number of family members in the household

\_\_\_\_\_ Mother                      \_\_\_\_\_ Father

\_\_\_\_\_ Children                      \_\_\_\_\_ Other Adults

Gross Annual Income \$ \_\_\_\_\_

**\*We must have a copy of last year's tax return; please attach\***

We believe that any child on the autism spectrum who would benefit from camp should attend without regard to the family's ability to cover the cost of camp. Scholarships are only available due to the gracious gifts of caring individuals.

By signing this application, you are attesting to the need for financial assistance.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

Cost Structure Camp ROCKS 2018	
Actual cost per camper:	\$1,325
Minus charitable donations:	<u>- 950</u>
Camper fee for one week:	\$375