



Dear Applicant:

Thank you for your interest in our Wonderland Camp Scholarship program. Our daughter Sarah was a very beautiful and caring young lady. She could light up a room with her smile and everyone that knew her loved her. When Sarah passed away in December 2014, we wanted to honor her memory in some way. We wanted to create an opportunity for other youth but was unsure of what to do. The Executive Director of the Independent Living Resource Center approached me with the idea of a scholarship program to Wonderland Camp in Sarah’s memory and our family was thrilled. One of Sarah’s favorite things was attending Wonderland Camp and it is my hope that this scholarship will give others the opportunity to attend camp as well. Thank you for your interest in our program.

Sincerely,

Donna and Albert Borgmeyer

Guidelines:

- Camper must be between age 12 and 22.
- Camper must be a resident of Callaway, Camden, Cole, Miller, Morgan, Moniteau or Osage Counties.
- Camper and family member(s) must be present at an ILRC Board Meeting to accept scholarship.
- Family income must be at or below 100% of the Federal Poverty Level (updated annually). Guidelines below.
- Only one application to be submitted per year.
- Scholarships will be provided for weekend camp or parent weekend only in the amount of \$250.
- Applications must be submitted by parent or guardian by January 15, 2016

2015 POVERTY GUIDELINES

Family Size	Annual Income Limit
1	11,770
2	15,930
3	20,090
4	24,250
5	28,410

For family units of more than 5 members, add \$4,160 for each additional member.



APPLICATION
2016 CAMP YEAR

CAMPER NAME: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____ PHONE: _____

HAS CAMPER ATTENDED CAMP WONDERLAND BEFORE? _____

HAS CAMPER RECEIVED FUNDING FOR CAMP WONDERLAND IN THE PAST? _____

TOTAL # OF INDIVIDUALS RESIDING IN THE HOUSEHOLD? _____

TOTAL # OF INDIVIDUALS RESIDING IN THE HOUSEHOLD OVER AGE 18? _____

TOTAL ANNUAL INCOME OF ALL INDIVIDUALS IN HOUSEHOLD OVER AGE 18: _____
(PLEASE PROVIDE PROOF OF INCOME. SUCH AS: COPY OF SSI/SSDI AWARD LETTERS, CHECK STUBS, TAX RETURNS, BANK STATEMENTS, ETC.)

PLEASE PROVIDE A BRIEF STATEMENT (500—1000 WORDS) OF WHAT IT WILL MEAN TO THE CAMPER, AND/OR FAMILY, FOR THE CAMPER TO ATTEND CAMP WONDERLAND.

Multiple horizontal lines for providing a brief statement.

WHAT CAMP SESSION DO YOU PLAN ON ATTENDING? _____

Please read the following statements carefully, initial beside each statement and sign at the bottom that you understand and agree with all terms of the scholarship program.

1. I hereby authorize Independent Living Resource Center, Inc., hereafter referred to as "Company," to publish photographs taken of me and my family members, and our name and likeness, for use in Independent Living Resource Center, Inc.'s print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Independent Living Resource Center, Inc. from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Independent Living Resource Center, Inc., its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Initial: _____

2. If for any reason a camper can not attend camp on their selected dates, the family must give ILRC no less than two weeks notice. If less than two weeks notice is given or no notice given the camper's family will be responsible for refunding 75% of the scholarship funds to ILRC. In addition, the scholarship applicant may not be eligible to apply for the scholarship in the future.

Initial: _____

3. I hereby declare that the information given in the application is true and correct to the best of my knowledge.

Initial: _____

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____