

DISABILITY SERVICES RESOURCE CENTER



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1820 N. Trumbull Drive, Bay City, MI 48708

PHONE: 989-895-5444 FAX: 989-895-3917

Camper/SSNEPs Participant Sponsorship Application to Attend NON-DSRC Camps in Michigan or DSRC's SSNEPs (Summer Special Needs Enrichment Programs)

**** Bay County Residents Only ****

PARTICIPANT'S NAME: _____ PHONE: _____

DISABILITY: _____ BIRTH DATE: _____

ADDRESS: _____ CITY & ZIP: _____

EMAIL: _____

DOES THE PARTICIPANT RESIDE IN A GROUP HOME? (YES/NO) _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____ CITY & ZIP: _____

EMAIL: _____

List the name(s) and **monthly income** of **all** household members (include participant) including wages, welfare, child support, alimony, pensions, retirement, social security, respite, FIA, SSI, workman's comp, unemployment benefits and all other sources. **List only the participant's income IF he/she is 18 or older and maintains his/her own household at an address separate from his/her parent(s)/guardian(s).**

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Name of Camp/Program: _____

Dates Attending: _____ **Amount of Camp/Program Session:** \$ _____

Has the participant already registered for the camp/program? (YES/NO) _____

If YES, was a deposit needed? (YES/NO) _____ If YES, how much was paid? \$ _____

Camper/SSNEPs Participant Sponsorship amount requested from participant: \$ _____

ALSO COMPLETE PAGE 2 OF THIS FORM

How/where did you hear about this sponsorship opportunity? _____

How did you and/or your family members support Disability Services Resource Center over the past year? (List all fundraising events that you attended or contributed to, and/or any other ways you helped DSRC):

If you are new to DSRC and are looking for ways to meet the Camper/SSNEPs Participant Sponsorship requirement, please contact us by email to dsrcbc@gmail.com or call 989-895-5444.

Have you or your child received funding from DSRC in either of the past two years? (YES/NO) _____

If so, what year and how much? _____

The Board of Directors of Disability Services Resource Center is pleased to help as many individuals as possible attend camps and/or our SSNEPs. To receive sponsorship funds, following your participation, a short report about your program experience and a thank you note is required to be sent to the **Board of Directors at Disability Services Resource Center**. Failure to send a report **will** jeopardize distribution of sponsorship funds by DSRC to you. **This is not optional.**

I/we understand that part of the Camper/SSNEPs Participant Sponsorship funding process is to submit a brief report on the program experience with a thank you note following participation at the session.

(Please sign)

I/we understand that participating in DSRC fundraising events and/or assisted with DSRC activities is mandatory for receiving continued Camper/SSNEPs Participant Sponsorship funding. Your participation in fundraising events or around DSRC helps us help you!

(Please sign)

Please note that each request will be handled on a **FIRST COME, FIRST SERVED** basis. We will fund as many requests as possible, providing applicant meets/met eligibility. Also, note that any attempt to falsify information will not be acceptable and that all future requests will be denied for that individual. In addition, no person shall be excluded from service because of disability, race, religion, national origin, or sexual preference.

I certify that the above information is true and correct and that all income is reported. Disability Services Resource Center has the right to verify the information on this application.

Signed: _____

Date: _____

Parent/Guardian or Adult Participant

IMPORTANT: Please be advised that the amount of a Camper/SSNEPs Participant Sponsorship will vary depending on available funding, need, and based on your participation with DSRC. Therefore only eligible, completed applications will be considered for funding. Thank you for your understanding in this matter.