

Western North Carolina Down Syndrome Alliance
2010 Camp & Enrichment Program
Scholarship Application

(complete once per year per child)

Child's Name _____ Age _____

Parent or Guardian Name _____

Home Telephone Number _____ Cell Number _____

Mailing Address _____

County or Residence _____

My Child had Down Syndrome _____ (yes or no)

Name of Camp-Enrichment Program _____

Telephone _____

Camp-Enrichment Program is Affiliated with _____

Address of Program _____

Type of Program _____ (day or overnight)

Dates Child will attend Program _____

Name of One-on-One Assistant (if applicable) _____

By submitting or mailing this application, the parents or guardian do, individually and jointly, release and hold harmless the Western North Carolina Down Syndrome Alliance, officers, directors, employees and volunteers from any and all claims, all actions, demands, costs and any other thing whatsoever arising out of camp or enrichment experience. We understand that the WNCDSA agrees to pay tuition to the camp-enrichment program chosen by the parent of guardian and attended by our child, and to pay the one-on-one assistant chosen by us as parents.

We also agree to furnish a photograph or description of the camp experience for use by the WNCDSA unless prior arrangements or exceptions are made.

Please click on [Submit](#) or print completed form and mail to WNCDSA, P.O. Box 421, Weaverville, NC 28787.