

# IH Scholarship Application Instructions

## *Please review this page in its entirety prior to submitting an application*

Applications are accepted November 1st through March 15th of the following year. Campership / Ridership applications will be reviewed in the order received by the *Inspiring HANDS*'s Board of Directors and considered on a case by case basis by the Selection Committee. Recipients will be notified by May 1<sup>st</sup> of each year. Awards are paid directly to the Camp or Center on behalf of the camper or rider. Annual Awards shall not exceed \$900.00 per year per qualified individual and only one award per calendar year per recipient.

## *Prior To Submitting Application to Inspiring HANDS, please review the below requirements*

1. Applicant must reside in Harris, Montgomery, Liberty, Chambers, Galveston, Brazoria, Fort Bend, or Waller County, Texas to qualify.
2. Applicant must have already applied to, and been approved to attend, an approved partner camp or center of the *Inspiring HANDS* Awards program for the year the award will be distributed. See links below for an approved list.
3. Applicant must meet the approved camp or center's enrollment and financial need requirements
4. **Complete and submit application to the camp or center for review and signature by their approved representative prior to submitting to Inspiring HANDS**
5. Camper or Rider / Parent or Guardian must complete the application and write a brief essay as to a need for the award and why they should be chosen.
6. Parent / Guardian, as well as a camp authorized representative, must sign the application confirming parent approval and camp or center eligibility.
7. Email completed application and a photo of the applicant to *Inspiring HANDS* at [Awards@inspiringhands.org](mailto:Awards@inspiringhands.org)
8. Application for Campership / Ridership are only accepted between November 1st -March 15th of the following year.
9. Recipients will be notified by May 1<sup>st</sup> of each year.
10. In the event that the camper/rider does not attend the camp or center, for any reason, as indicated in their *Inspiring HANDS* award application, funds shall be returned by the camp or center to *Inspiring HANDS* allowing consideration by the directors for further distribution to additional applicants.

## *Important to know!*

The essay portion of the application accounts for over 60% of the decision process. Please be sure to include as much information in regard to the applicant's special and financial needs as well as any other circumstances that you feel should be considered. Additionally, a photograph is not required, but greatly appreciated. Please attach the photo in jpg format when submitting your application.

## *Approved Partner Camps of Inspiring HANDS*

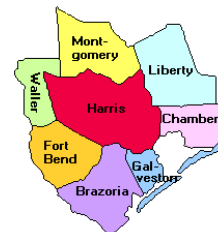
For a list of approved partnering Camps and Centers visit our website at [www.inspiringhands.org](http://www.inspiringhands.org)



# Annual Scholarship Application

**PRIOR TO SUBMITTING APPLICATION TO INSPIRING HANDS, THE BELOW THREE PAGES MUST BE COMPLETED BY APPLICANT/PARENT/GUARDIAN AS WELL AS A CAMP/CENTER REPRESENTATIVE.**

Applicants must reside within the following counties in Texas to be eligible for campership and/or ridership award: Harris, Montgomery, Liberty, Chambers, Galveston, Brazoria, Fort Bend, and Waller. Award Applications will be accepted November 1 through March 15, of the following year.



Date \_\_\_\_/\_\_\_\_/\_\_\_\_ County of residence \_\_\_\_\_

Name of Applicant (first and last) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Applicant's Primary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone (Cell) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Parent or Legal Guardian (please print) \_\_\_\_\_

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

Phone (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone (Cell) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Best time to receive a phone call \_\_\_\_ am/pm

Email Address \_\_\_\_\_

Application submitted by:  Camper/Rider  Parent  Legal Guardian  other (relation to applicant) \_\_\_\_\_

Award Applying for:  Campership  Ridership Name of Camp/Center(s): \_\_\_\_\_

Has applicant applied to Inspiring HANDS before?  Yes  No If yes, most recent date \_\_\_\_/\_\_\_\_/\_\_\_\_

Has applicant received an award by Inspiring HANDS before?  Yes  No If yes, year of award \_\_\_\_\_

Does applicant have a sibling/relative who is registered to volunteer at the camp/center  Yes  No  
If yes, name of volunteer and the session they will be volunteering \_\_\_\_\_

Was applicant directly impacted in 2017 by the Hurricane Harvey?  Yes  No If yes, explain how: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have found that if a sponsor can identify with an applicant through a photograph they are more apt to make a donation.

**Please email a photograph (jpg format) with completed application so that we may use for the sponsorship program.**

\_\_\_\_\_ (initial) this photograph and applicant's first name may be used in the application process only  
\_\_\_\_\_ (initial) this photograph and applicant's first name may be used in promotion of donations for Inspiring Hands.



**PAGE 3 OF THE APPLICATION IS TO BE COMPLETED BY PARENT/GUARDIAN AND THE CAMP/CENTER REPRESENTATIVE  
PRIOR TO SUBMITTING REQUEST TO INSPIRING HANDS, INC.  
TO BE SIGNED BY BOTH APPLICANT/PARENT/GUARDIAN AND THE CAMP/CENTER'S REPRESENTATIVE**

In submitting this award application I confirm that the applicant has already applied to and been accepted by the Inspiring HANDS, Inc. approved camp or center indicated on page one. I also agree that if the applicant does not attend the camp or center for any reason during the year indicated above that I authorize release of awarded funds in full back to Inspiring HANDS, Inc. or if approved by Inspiring HANDS, Inc. to another qualified recipient only.

Applications are accepted November 1st through March 15th of the following year. Recipients will be notified by May 1st of each year.

Recipients are awarded based on qualification and first come first serve basis. Awards are not guaranteed and the number of awards may vary from year to year based on funding. Payments are made directly to the camp or center on behalf of the award recipient on or before May 1st of each year. Please allow fourteen days for payment processing.

I hereby agree to the terms of the Award Application set forth above.

Parent / Guardian Printed Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp/ Center Rep Printed Name \_\_\_\_\_

Camp / Center Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

**BELOW TO BE COMPLETED BY CAMP OR CENTER REPRESENTATIVE**

Camp/Center representative (please print) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Does applicant qualify for financial need based assistance based on the camps/centers requirements?  Yes  No

Period attending \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Total tuition cost \$ \_\_\_\_\_ Total award amount requested \$ \_\_\_\_\_

**BEFORE SUBMITTING TO INSPIRING HANDS PLEASE CONFIRM THAT ALL SECTIONS ARE COMPLETE AND BOTH  
PARENT/GUARDIAN AND CAMP/CENTER REPRESENTATIVE HAVE SIGNED THE APPLICATION**

Return by March 15th to: Inspiring HANDS, Inc. Attn: AWARDS P.O. Box 1823 Tomball, TX 77377-1823  
Or you may email a copy with a photo of the applicant to [AWARDS@inspiringHANDS.org](mailto:AWARDS@inspiringHANDS.org)

**BELOW TO BE COMPLETED BY INSPIRING HANDS AWARDS PROGRAM COMMITTEE**

Date Received	Approved / Denied	Amount Approved	Date Notified	Date Paid
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