



Award Application

BELOW TO BE COMPLETED BY APPLICANT OR PARENT/GUARDIAN

Applicant's Name (print) _____ Preferred Name _____

Award Applying for: Campership Ridership Name of Camp/Center: _____

Has applicant applied to Inspiring HANDS before? Yes No If yes, when? _____

Who is completing the award application? Parent/Guardian Camper/Rider Other (explain)

If Other: Name (please print) _____ Phone _____

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Why did you select this camper to receive a scholarship to camp? Attach separate sheet if needed.

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

May we use the applicants photograph and first name in publications including the Inspiring HANDS website, social media, video and printed material? If so do you release Inspiring HANDS to the use of the photograph you have provided? YES NO
If yes please attach a photograph

TO BE SIGNED BY BOTH 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 15th 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/GURADIAN AND CAMP/CENTER REPRESENTATIVE HAVE SIGNED THE APPLICATION

Return by March 1st to: Inspiring HANDS, Inc. Attn: AWARDS P.O. Box 1823 Tomball, TX 77377-1823
Or you may email a copy to 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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