



Partner Camp Application

Camp Name (Legal registered name) _____

DBA or Alias Name _____

Physical location of Camp _____

Camp business office mailing address _____

City _____ State _____ Zip Code _____

Camp representative (please print) _____ Phone _____

E-mail address _____ Fax _____

Is Camp a Non-profit Corporation? Yes ☐ No ☐ Other (explain) _____

State Registered _____ Date of registration / formation _____

Taxpayer ID _____ Member of ACA _____ since _____

Directors / Officers

Name _____	Title _____	Tel _____
Name _____	Title _____	Tel _____
Name _____	Title _____	Tel _____

Scholarship Coordinator

Name _____	Title _____	Tel _____
Email _____		

Cost Per Camper \$ _____ Cost Per Sibling(s) \$ _____

Date Scholarship recipient names required by _____ Date Scholarship funds required by _____

Month/Day/Year Month/Day/Year

Partner Camp Requirements

1. Must be a registered non-profit camp in the State of Texas.
2. Must complete and submit this questionnaire and required documents.
3. Must provide a filed copy of IRS Form 990 and annually thereafter.
4. The camp's intent is to provide an experiential/ educational program to an unknown group and infinite number of people. The camper is the benefactor.
5. The benefit to the camp is secondary to benefit to the camper.
6. The public charity, Inspiring HANDS, is solely responsible for the final selection of the recipient camper and distributions of funds to the camp on their behalf in a tax-exempt fashion.
7. Funding is restricted to use for tuition scholarships only for individuals that experience financial need and or disability. Inspiring HANDS Scholarship Fund support may not be used for a camp or parent non-profit's general operating fund, nor for capital improvements
8. If recipient does not attend the camp for any reason Camp shall notify Inspiring HANDS and allow option for another camper in need to become the new recipient. Proper forms must be completed and submitted.
9. In submitting application Camp agrees and approves use hyperlink to Camp's website on Inspiring HANDS, Inc.'s website.
10. In order to encourage scholarship participation it is recommended that the Camp's website has a link to the Inspiring HANDS, Inc. scholarship webpage

Required documentation to be submitted with Partner Camp Applications:

- 1. Statement of Camps intent and types of financial and special need assistance offered by the camp
- 2. Camper criteria and qualification requirements including anti-discrimination policy
- 3. Policy regarding siblings and specify if siblings are allowed even if not special need
- 4. Camp scholarship criteria of applicants including any partial and full scholarship information
- 5. Copy of previous two years IRS Form 990; and annually thereafter

Scholarship Fund committee members use this information to evaluate and select for funding a group of high-performing non-profit camps that demonstrate sound fiscal management and expertise in serving youth affected by poverty and/or special needs.

In submitting this partner camp application I hereby affirm that I _____ (name) _____ (title) of _____ (Camp name) have full authority to act on behalf of the Camp that wishes to partner with Inspiring HANDS, Inc. for camper scholarships. The camp agrees to the before mentioned Partner Camp requirements and to submit the required documentation for review and consideration.

Camp Rep Signature _____ Date _____

Mail completed form and documentation to:
Inspiring HANDS Scholarship Dept. 11403 Barker Cypress, Ste J PMB 105 email scholarship@inspiringhands.org
Cypress, Texas 77433

Camper applications due March 1st Scholarship recipients will be notified by April 30th.
Payments are made directly to the camp on behalf of the camper recipient. Please allow fourteen days for payment processing.

BELOW TO BE COMPLETED BY INSPIRING HANDS, INC. SCHOLARSHIP COMMITTEE ONLY

Date Received	Approved / Denied	Date Notified

Notes/Comments:

Director 1 (print name) Director 2 (print name)

Director Signature Date Director Signature Date