



## 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 awards@inspiringhands.com  
Cypress, TX 77433**

Camper applications due March 15 Scholarship recipients will be notified by May 1.

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:

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Director 1 (print name)

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Director 2 (print name)

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Director Signature

Date

Director Signature

Date