

## MONTGOMERY COUNTY INTERMEDIATE UNIT EDUCATION FOUNDATION (MCIUEF)

### APPLICATION GUIDELINES for SUMMER CAMP SCHOLARSHIPS

The MCIUEF awards summer camp scholarships to children with special needs to give them an opportunity to continue their learning through recreational experience. Families can select the camp of their choice. **Average scholarship amounts are up to \$200.00.** Notification of awards will be around the week of April 13-17, 2020.

#### IS YOUR CHILD ELIGIBLE?

The Foundation invites Montgomery County **public school** parents of school-age students with special needs to apply. Eligible applicants are children (**grades K-12**) with special needs with an **active special education individualized educational plan (IEP)** who are eligible for **“free or reduced price meals”** from the resident school district.

#### APPLICATION TIMELINE

Completed applications are to be forwarded by parent(s) to the child’s principal for verification of eligibility. **Following verification, the school representative will forward the original authorized application to the Foundation by March 6, 2020.** Applications received after this date can not be considered.

***NOTE:** If your child is awarded a scholarship, payment to the camp will only be made after a copy of the camp registration and/or invoice is sent to the MCIUEF verifying registration in the camp.*

#### APPLICATION CHECK LIST

- Student Information, Parent Information and Signature
- Camp Information (name, address, telephone number and camp contact person)
- School Information to include letter of recommendation from a student’s teacher
- Signature of school Principal to verify current IEP and eligibility of free or reduced lunch

#### WHERE TO SEND YOUR APPLICATIONS

Applications can be e-mailed to [ksmith@mciu.org](mailto:ksmith@mciu.org), faxed to 1-888-965-4194 or mailed:

Montgomery County Intermediate Unit Education Foundation (MCIUEF)  
Office of Community and Government Relations  
2 West Lafayette Street  
Norristown, PA 19401

For questions about the application process, please call Karen Smith at 484-808-5374 or email [ksmith@mciu.org](mailto:ksmith@mciu.org)

#### DISCLAIMER

The Foundation **will not be responsible** for any deposits/payments/fees made for any student at any camp/institution prior to notification that a grant award has been made.

**Montgomery County Intermediate Unit Education Foundation (MCIUEF)  
SUMMER CAMP SCHOLARSHIP APPLICATION**

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

*If my child is selected for a Summer Camp Scholarship I give my permission for his/her picture to be taken for the MCIUEF's Annual Report/Awards Reception, and other endorsements for the Foundation.*

I WILL       I WILL NOT      *give my permission for my child's photo to be taken.*

\_\_\_\_\_  
Parent (Guardian) Signature)

\_\_\_\_\_  
Date

**CAMP INFORMATION** - *This information will be used if your child is awarded a scholarship.*

A copy of the camp brochure and the student's registration form will be needed to verify camp enrollment. If you do not know which camp your child will attend yet or if the camp is not open for business at this time, please leave this section blank and we will contact you to complete it later.

If you do have the camp information now, please make certain the mailing address for the camp is correct or the funds could be sent to the wrong address.

**Camp Name:** \_\_\_\_\_

**Make check payable to: (if different than camp name)** \_\_\_\_\_

**Camp Address** \_\_\_\_\_

*(where check is to be sent)* \_\_\_\_\_

**Camp Contact Person:** \_\_\_\_\_ **Camp Phone:** \_\_\_\_\_

**Estimated Camp Tuition:** \_\_\_\_\_ **Dates your child will attend camp:** \_\_\_\_\_

**SCHOOL INFORMATION:**       Enclosed is a letter of recommendation from the teacher listed below:

**Teacher Name:** \_\_\_\_\_ **Teacher email:** \_\_\_\_\_

The signature of the building principal below verifies:

Student does have an active IEP       Student is eligible for free and reduced meal prices

\_\_\_\_\_  
Signature (Building Principal)

\_\_\_\_\_  
Date