

## CIT Camp Grant Application

Please complete this application as thoroughly as possible. It is our greatest hope that we will be able to help you; however, please be advised that submission of this application does not guarantee your eligibility or funding availability for a Constraint Induced Therapy (CIT) Camp grant. If your household income is greater than the income table below, you will not be eligible for a CIT Camp grant. Grants are limited to U.S. Citizens only.

Required questions are marked with an asterisk (\*). **Incomplete applications will not be considered.**

**NAME\***

\_\_\_\_\_  
First Last

**ADDRESS\* (P.O. Boxes NOT accepted)**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address (line 2)

\_\_\_\_\_  
City State Zip Code

**EMAIL\***

\_\_\_\_\_

**PHONE NUMBER\***

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ALTERNATE PHONE NUMBER**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**HOUSEHOLD ADJUSTED GROSS INCOME (AGI)**  
AS REPORTED ON YOUR IRS 1040 TAX RETURN

<b>FAMILY SIZE</b>	<b>ADJUSTED GROSS INCOME</b>
<u>2 members</u>	<u>\$75,000 or less</u>
<u>3 members</u>	<u>\$100,000 or less</u>
<u>4 members</u>	<u>\$125,000 or less</u>
<u>5+ members</u>	<u>\$150,000 or less</u>

**DOES YOUR HOUSEHOLD AGI FALL WITHIN THE TABLE ABOVE?\***

\_\_\_ YES \_\_\_ NO

## CIT Camp Grant Application

**CHILD'S NAME\***

\_\_\_\_\_

First

\_\_\_\_\_

Last

**CHILD'S AGE\***

Your child **MUST** be 17 yrs old or younger to be eligible for a grant

\_\_\_\_\_

**DOES YOUR CHILD LIVE IN THE U.S. AND HAVE A SSN?\***

YES     NO

**HEALTHCARE BENEFITS\***

Please list your Private Health Insurance, any government healthcare benefits you or your child receives, and any other sources that assist you to pay for healthcare. We will need the names of your Insurance Company as well as Government Programs. Please include information about CIT Camp coverage. Insurance coverage for CIT Camps is not common. If your insurance does not cover CIT Camp, please let us know.

**REASONS YOU NEED HELP\***

Please provide a detailed explanation of why you need help paying for CIT Camp for your child.

## CIT Camp Grant Application

**CIT CAMP\***

Please provide information about the CIT Camp your child will be attending.

\_\_\_\_\_  
CIT Camp Name

\_\_\_\_\_  
CIT Camp Contact

\_\_\_\_\_  
CIT Camp Expected Start Date

\_\_\_\_\_  
CIT Camp Expected End Date

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number of CIT Camp Contact

\_\_\_\_\_  
CIT Camp Contact Email

\_\_\_\_\_  
Street Address of CIT Camp

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**COST OF CIT Camp\***

Cost of CIT Camp (including casting fee, if applicable):

\$ \_\_\_\_\_

**WHEN ARE THE CIT CAMP FEES DUE?\***

\_\_\_\_\_

**HAS YOUR CHILD REGISTERED FOR THIS CIT Camp?\***

\_\_\_ YES \_\_\_ NO

**HAS YOUR CHILD BEEN ACCEPTED TO ATTEND THIS CIT Camp?\***

\_\_\_ YES \_\_\_ NO

**IF NO, WHEN DO YOU EXPECT NOTIFICATION OF ACCEPTANCE FOR THIS CIT Camp?\***

\_\_\_\_\_

## CIT Camp Grant Application

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS\***

- \_\_\_\_\_ This CIT Camp Grant application is for summer 2018 CIT Camps only.
- \_\_\_\_\_ CIT Camp Grants are awarded based on need and funds availability, and are not guaranteed.
- \_\_\_\_\_ CIT Camp Grants will be paid directly to the CIT Camp on your child's behalf.  
It will not be paid directly to you.
- \_\_\_\_\_ This CIT Camp Grant Application is for screening purposes only. If you are chosen to continue with the application process, you will be required to provide detailed financial information. Your child's CIT Camp will be asked to confirm your child's acceptance to the camp. All information must be provided in a timely manner.
- \_\_\_\_\_ The CIT Camp Grant Application, approval process, and award of the CIT Camp Grant may take several months to complete.
- \_\_\_\_\_ Submitting this CIT Camp Grant Application does not mean that you have been chosen as a grant recipient.
- \_\_\_\_\_ If you are chosen as a CIT Camp Grant recipient and your child will not be able to attend the CIT Camp, you will notify REACH Camp Hemiplegia Foundation in a timely manner.
- \_\_\_\_\_ Medical information you provide will not be shared with any 3<sup>rd</sup> party.

**SIGNATURE\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

**PLEASE EMAIL THE COMPLETED APPLICATION TO  
GRANTS@REACHCAMP.ORG**