The 2019 Dr. Blanca Vazquez Summer Camp Scholarship Application

EVERY CHILD DESERVES TO HAVE A GOOD SUMMER!

Thank you for your interest in the 2019 Dr. Blanca Vazquez Summer Camp Scholarship Program! Your application will be carefully reviewed by the FACES Summer Camp Scholarship Team for consideration. Please contact Brielle Cummings at facesscholarship@NYULANGONE.org with any questions or concerns. Your message will be returned within 48 hours of submission.

FACES (Finding a Cure for Epilepsy and Seizures) is pleased to accept applications for the 2019 Dr. Blanca Vazquez Summer Camp Scholarship Program. Summer camp can be a wonderful experience for children with epilepsy. Our Summer Camp Scholarship Program serves children with epilepsy in financial need and allows them to enjoy fun, confidence-building experiences.

We will provide funding for a portion of your selected summer program depending on the camp's tuition. The amount of scholarship awarded is based on the length and cost of the program as well as eligibility.

APPLICANTS MUST BE BETWEEN THE AGES OF 3-21 YEARS OLD TO BE CONSIDERED

CERTAIN EXCEPTIONS MAY APPLY. TO INQUIRE PLEASE CONTACT:

FACESSCHOLARSHIP@NYULANGONE.ORG

THE DEADLINE TO APPLY IS MAY 7, 2019

The FACES team will contact you with a decision on **JUNE 4, 2019**

WE WILL NOT ADVISE OUR DECISION PRIOR TO THIS DATE

In order to be considered, a FULL application must be completed. This includes:

1. A full application with all sections completed
2. Summer camp selection
3. 1 personal statement and photo of your child; **MUST** be filled out by a parent or guardian
4. 1 letter of recommendation from a certified medical practitioner involved in your child's medical care

Letter of recommendation **MUST state child has epilepsy or experience seizures**

Applications may be emailed, faxed to (646) 385-7163, or mailed to:

FACES Summer Camp Scholarship Coordinator
Attention: Brielle Cummings
223 East 34th Street
New York, NY 10016
facesscholarship@nyulangone.org

BEST WISHES FOR A HAPPY AND HEALTHY SUMMER!

FACES (Finding A Cure for Epilepsy and Seizures) is affiliated with NYU Langone Health and its Comprehensive Epilepsy Center. FACES funds research to improve epilepsy care, advances new therapies, and fosters a supportive community for children, families and caregivers who live with the challenges of epilepsy. The mission of FACES is to improve the quality of life for all those affected by epilepsy and seizures. Our goal is to find a cure.

APPLICANT INFORMATION

Applicant Name _____ Birth Date _____

Grade during 2019/2020 School Year _____ Age on 7/1/2019 _____ Male ____ Female ____

Parent(s)/Guardian(s) Names _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Mother's Place of Employment _____ Position _____

Father's Place of Employment _____ Position _____

What other opportunities will the applicant have this summer?

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Name of Camp _____

Address _____

City _____ State _____ Zip Code _____

Dates of Camp _____ What is the tuition of this camp? _____

CAMP SELECTION CANNOT BE CHANGED AFTER SUBMISSION OF APPLICATION

Has your child attended this camp before? ☐ Yes ☐ No

Is the above camp a: ☐ Day Camp ☐ Sleepaway Camp

NYU Langone Health

FINANCIAL INFORMATION

Number of dependents living at home _____

Do you have additional out of pocket expenses for:

1) Elderly Parents ☐ No ☐ Yes , estimated amount $ _____

2) Tuition for other children ☐ No ☐ Yes, estimated amount $ _____

3) Medical Expenses (paid or accumulating) ☐ No ☐ Yes, estimated amount $ _____

If you answered yes to any of the above, supporting documentation may be requested

PERSONAL STATEMENT

Please provide a written statement and a photo of your child as to why your child and your family will benefit from summer camp this year. **THIS SECTION MUST BE FILLED OUT BY A PARENTOR LEGAL GUARDIAN.**

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LETTER OF RECOMMENDATION

Please have a certified practitioner who is involved in your child's medical care (e.g. physician, nurse practitioner, physician assistant, nurse, social worker, etc.) write a letter of recommendation indicating why this scholarship will be helpful for your child. **Letter of recommendation MUST state that the child has epilepsy or experiences seizures.**

The FACES Summer Camp Scholarship Team will review all applications. Financial need is a high priority for each application received. Your essay should include why scholarship assistance is being requested this year. All applications are reviewed equally no matter age, gender, race, religion, geographic location, epilepsy diagnosis or institution of medical treatment. The amount of scholarship awarded is based on the length and cost of the program, as well as applicant eligibility.