

## Summer Camp 2021 PLAY Grant Application

**Participants are allowed one PLAY grant during the summer session.**

Registration for Summer Camps will begin online Thursday, Feb. 25 for Outdoor Education and Tuesday, March 2 For most others. In order to register online using PLAY, campers must have a coupon code. To receive a coupon code, please either mail, e-mail or fax a PLAY application and proof of eligibility **prior to Tuesday, June 1,\*** to one of the following: CAMPS, Columbus Recreation and Parks, 1111 E. Broad St., Columbus OH 43205; [ambrown@columbus.gov](mailto:ambrown@columbus.gov) or fax number 614-645-0686. **Coupon code will be e-mailed to parent.** *\*Deadline has been extended for 2021*

**Registration process on/after Tuesday, March 2:** Go to a Columbus Community Center with your PLAY application and proof of eligibility for on-site registration and approval **OR** send the PLAY application and a copy of proof of eligibility via one of the above-listed methods.

### How to apply:

Fill out this form completely. **Please print, sign and date the application at the bottom of this page.**

A legal guardian must submit a current copy of one of the following proof of eligibility documents:

**\*\*Most recent Federal Income Tax Return (W-2's not accepted)**

**\*\*EPPICard**

**\*\*Ohio Works First**

**\*\*Medicaid/CareSource/Molina Health Card**

**Note: PLAY grant approval does not guarantee space in camp. You must still complete the registration process.**

PLAY funds do not apply to CRPD Fitness Camp and PLAY is not responsible for fees above maximum grant amount allowed.

### Please complete the following information (Please print):

Name of Camper: \_\_\_\_\_

Birth Date of Camper: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent E-mail: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, OH Zip: \_\_\_\_\_

Phone Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

### **STAFF:** Please circle appropriate form of verification and sign application below:

Recent Federal Income Tax Return

Medicaid

Ohio Works First

CareSource/Molina

EPPICard

CAMP \_\_\_\_\_ CAMP SESSION \_\_\_\_\_

AMOUNT OF PLAY GRANT: \$ \_\_\_\_\_

(Not to exceed \$90 or cost of one week of camp.)

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need, but does not automatically guarantee selection. I further understand PLAY participants are selected on a first come, first served basis based on the number of grants available.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CRPD Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_