

# Summer Camp 2020

## PLAY Grant Application

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

**Registration for Summer Camps will begin online on Thursday, February 6 for Outdoor Education and Tuesday, February 11 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 Friday, January 31**, to one of the following: CAMPS, Columbus Recreation and Parks, 1111 E. Broad St., Columbus OH 43205; [wmfrantz@columbus.gov](mailto:wmfrantz@columbus.gov) or fax number (614) 645-0686. **Coupon code will be e-mailed to parent.****

**Registration process on/after Tuesday, February 11:** 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 by one of the ways in the above paragraph.

**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:**

- \*\**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 still must complete the registration process.**  
 PLAY funds do not apply to CRPD Fitness Program and PLAY is not responsible for fees above maximum 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** \_\_\_/\_\_\_/\_\_\_