**Summer Camp 2021**

**PLAY Grant Application**

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

**Registration for Summer Camps will begin online on Thursday, February 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 Friday, February 19**, 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.**

**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 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:**

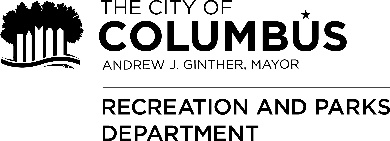
Recent federal income tax return Medicaid

**CAMP AMOUNT OF PLAY GRANT: $**

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

Ohio Works First CareSource/Molina EPPICard

**CAMP SESSION**



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** / /