



## **The 2015 Dr. Blanca Vazquez Summer Camp Scholarship Application**

### **EVERY CHILD DESERVES TO HAVE A GOOD SUMMER!**

Thank you for your interest in the 2015 Dr. Blanca Vazquez Summer Camp Scholarship Program! Your application will be carefully reviewed by the FACES Summer Camp Scholarship Team for consideration. Please contact Heather Wall at [facesscholarship@nyumc.org](mailto:facesscholarship@nyumc.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 2015 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 dependent 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@NYUMC.ORG](mailto:FACESSCHOLARSHIP@NYUMC.ORG)**

**THE DEADLINE TO APPLY IS APRIL 13, 2015**

The FACES team will contact you with a decision on **April 24, 2015**

**WE WILL NOT ADVISE OUR DECISION PRIOR TO THIS DATE**

Please fill out the form below. Applications may be emailed, faxed to (646) 385-7165, or mailed to:

**FACES Summer Camp Scholarship Coordinator**

**Attention: Heather Wall**

**223 East 34<sup>th</sup> Street**

**New York, NY 10016**

**BEST WISHES FOR A HAPPY AND HEALTHY SUMMER 2015!**

FACES (Finding A Cure for Epilepsy and Seizures) is affiliated with NYU Langone Medical Center 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 2015/2016 School Year \_\_\_\_\_ Age on 7/1/2015 \_\_\_\_\_ 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## 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 PARENT OR 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.

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**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.**