

Life Experiences' mission is to serve and improve the lives of adults with intellectual and developmental disabilities and their families throughout the Triangle region.

1. Statement of Purpose

The primary purpose of Life Experiences' camp assistance is to provide a resource for adults with intellectual disabilities where there is a financial need to engage in developmental programming.

2. Management

The Scholarship Committee of Life Experiences serves as the administrator of Scholarships. This Committee reviews all applications along with the Life Experiences leadership staff. The committee brings recommendations to the full board meetings for a formal vote.

3. Eligibility

- a) Adults with intellectual and/or developmental disabilities.
- b) At least 18 years of age at the time services will begin.
- c) Desire to attend an identified North Carolina-based camp or community program of one week duration.
- d) Residents of Wake or one of the surrounding counties: Chatham, Orange, Durham, Johnson, Harnett, Nash, Franklin.
- e) Evidence of financial need.

4. Selection

- a) Review of a completed standard application by the Scholarship Committee.
- b) Review of applicant's and guardians' Federal tax return for two years immediately preceding application, when available, or, SSI statement.
- c) Review of personal statement of financial need of individual submitting the request.

5. Guidelines

- a) Scholarship applications must be submitted at least 30 days before identified camp's registration deadline.
- a) Scholarships are for fees only and are paid directly to the camp or program provider. Recipients may receive full or partial award of amount requested.

6. Scholarship Notification

Scholarship recipients will be notified of awards as soon as possible following the committee's decision.

7. Record of Scholarship

Once a scholarship award is made, recipient records are maintained in the Life Experiences' files.

8. Scholarship Application Procedure

- 1) Please print clearly providing all information on the following application page or use the “Scholarship Content Form” to fill out the form electronically.
- 2) **Write a personal statement of financial need or hardship.**
- 3) **Attach two (2) years of most recent tax returns, state and federal for parent or guardian.** If adult with I/DD is their own guardian, see next step. (Documents may not be more than three years old.)
- 4) **If the applicant has tax returns, please also attach these,** otherwise, indication of SSI amount and any other income is sufficient.
- 5) Return completed application and attachments with applicable signatures, to: Life Experiences, Attn: Scholarships | P.O. Box 36 | Cary, NC 27512; or, email to: applications@lifeexperiences.org.

Life Experiences strives to ensure that these policies and procedures are objective, fair, impartial, and in compliance with its mission and Board Policy.

Applicant Information

Applicant Full Name: _____
Last First M.I.

Date of Birth: _____

Parent/Guardian Name: _____
Last First M.I.

Relationship to applicant: mother father family member _____ non-family guardian

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Financial Information

Parent(s)/Guardian(s) total monthly gross income: \$ _____
(Include all sources: salary, retirement, VA benefits, Social Security, etc.).

No. of household dependents: _____ Applicant total monthly gross income: \$ _____
(Include all sources: SSI, wages, etc.).

The applicant has the NC **Innovations Waiver**: Yes or No
If no, has the applicant been placed on the NC I/W waitlist? Yes or No Date added to list: _____

The applicant receives **1915i** benefits from Medicaid: Yes or No
If no, the applicant has applied for 1915i benefits: Yes or No

Programming information

Identify program, provider, and dates the applicant wishes to attend: _____

Cost/week for desired program: _____

Any additional scholarships or discounts applied for, or awarded to, applicant: _____

Has applicant attended this program in the past: Yes No If yes, dates of last attendance: _____

Authorization Information

I release to the Life Experiences Board, the right to access all my current and ongoing personal records in possession of Life Experiences Inc., I understand that I must meet the scholarship criteria for Life Experiences, Inc.

I certify that information provided is a true and accurate reflection of my financial condition. I further certify that I will notify Life Experiences if my financial situation improves, and the hardship terminates.

I authorize the Life Experiences Scholarship committee to contact the director of the program regarding the applicant. (Life Experiences Inc will not share financial information.)

I have included the required: **Statement of Need** and **Financial documentation**

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____