



# Community Mayors, Inc.

Superintendent District 75  
GARY HECHT  
Department of Education  
400 First Avenue  
New York, New York 10010



## **The Dominick Della Rocca Summer Camp Scholarship Fund 2014**

### **For District 75 Students or Special Ed Students ONLY Participant Application /Sleep Away Camp Only**

**Student application deadline MARCH 30, 2014. Incomplete applications or applications mailed to incorrect address will not be considered. Please mail to DISTRICT 75.**

#### **Part I Participant Information - Ages nine (9) -sixteen (16)**

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Student School: \_\_\_\_\_ Tele: \_\_\_\_\_
4. Student Ambulation Status: \_\_\_\_\_
5. Has child attended sleep away camp before? \_\_\_\_\_
6. Language(s) Spoken by participant: \_\_\_\_\_
7. Medical Alert - Limitation (please list any physical and/or mental limitations):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Why my child would benefit from one or two week sleep away summer camp:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**PLEASE MAIL TO DISTRICT 75**

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**Part I (cont.) Participant Information - Ages nine (9) -sixteen (16)\*Please read and initial lines 9 – 16 in space provided \* \_\_\_\_\_ (Parent Initials).**

9. The Community Mayors, Inc. is providing a scholarship voucher up to Two Thousand Dollars (\$2,000.00) paid directly to the camp.\* \_\_\_\_\_ (Parent Initials)
10. If selected as a semi finalist applicant would be able to attend an interview.  
\* \_\_\_\_\_ (Parent Initials).
11. Parent must agree to allow communication between Community Mayors, Inc. and the camp regarding conditions of scholarship.\* \_\_\_\_\_ (Parent Initials).
12. If selected, Parent must agree to photo release \* \_\_\_\_\_ (Parent Initials).
13. It is my responsibility as parent to submit application and secure admission to camp \* \_\_\_\_\_ (Parent Initials).
14. It is my responsibility, as parent, to obtain a letter of indemnification from camp releasing Community Mayors, Inc., the City of New York, the New York City Department of Education, and their respective Boards of Directors, members, commissioners, officers, employees, agents, representatives, successors and assigns from all responsibility  
\* \_\_\_\_\_ (Parent Initials).
15. Within fourteen (14) days of acceptance on our terms, we must receive notification and an invoice from camp\* \_\_\_\_\_ (Parent Initials).
16. I understand that Community Mayors, Inc. is a not-for-profit corporation funding this camp program. I understand that Community Mayors, Inc.'s participation in this program is limited to funding (within the financial limits prescribed by Community Mayors Inc.) a chosen child's tuition at a camp chosen exclusively by the parent. Community Mayors Inc. does not evaluate the safety or suitability of any camp for the chosen child and does not participate in the choice of camp. \* \_\_\_\_\_ (Parent Initials).

**Parent/Guardian Signature:** \_\_\_\_\_



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### Part II School Participant Information

1. Student Name: \_\_\_\_\_
2. Staffing ratio of the class / circle one 6:1:1 8: 1:1 12:1:1 12:1:4
3. School recommendation - Why student will benefit from one or two week sleep away camp. Please describe child's disability.

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Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE SEND ENTIRE APPLICATION TO:**

**Community Mayors, Inc.**  
**C/O GARY HECHT**  
**Superintendent District 75**  
**Department of Education**  
**400 First Avenue**  
**New York, New York 10010**

**For more information visit our website @**  
**[www.communitymayors.org](http://www.communitymayors.org)**

