



# Summer Scholarship Request

## Awarded On a First Come, First Served Basis

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Camp or Company to provide the service: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX (if applicable): \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

The summer scholarship requires that families check alternative sources before requesting summer scholarship funds. Before making a request, please check to see if other sources are available (e.g., private insurance, Medicaid, Medicare, church, Lions Club, Kiwanis, other agencies).

### Are other funding sources available to pay for any portion of this service?

Yes \_\_\_\_\_

No \_\_\_\_\_

I acknowledge and agree that selection of providers for the requested services is my responsibility. Neither the Fairfield County Board of Developmental Disabilities nor any of its staff, management or administration assumes or implies any liability for service providers' actions or the quality of care provided. **ALL REQUESTS MUST BE SUBMITTED ON OR BEFORE 5/31/2024.**

\_\_\_\_\_  
Family Member Signature

\_\_\_\_\_  
Date

Family Support Services, Cassie Richardson  
717 College Avenue  
Lancaster, OH 43130

Email: [familysupport@fairfielddd.com](mailto:familysupport@fairfielddd.com)  
Phone: 740-652-7230  
Fax: 740-756-7857