

The **Sunshine Scholarship** is a financial assistance program designed to aid in providing recreational opportunities between Memorial Day and Labor Day, to families of children with disabilities ages 4 to 25 years. Awards given up to \$400. This program is made possible by a grant from the County of Mercer, the Progressive Center for Independent Living (PCIL) is the steward of these funds. Applications are processed for approval by PCIL on a first-come, first-served basis only once all documents have been received. Scholarship funds are limited.

#### **ELIGIBILITY CRITERIA:**

- Campers must be aged 4 to 25 years. For new applicants' proof of age is required.
- Campers must reside in Mercer County NJ. Proof of residency is required.
- Campers must be living with a disability. Documentation is required.
- Application must be completed and submitted to the PCIL by the deadline.
- Awards are based on household income. The total annual household income of all adults living in the household and the number of people living in a residence is used to determine income level. Proof of income is required.
- The applicant must agree that the participant will attend a minimum of 80% of the selected camp meeting dates. Failure to attend at least 80% of camp meetings will disqualify the family from reimbursements and/or future award opportunities.
- Awards must be applied towards licensed outdoor enrichment camps and providers. Any costs over the award amount are the responsibility of the family or individual.
- The applicant agrees to notify PCIL of the camp choice, using the form provided.
- The applicant agrees to provide PCIL will all documentation necessary for reimbursement, failure to provide documentation will delay payment.

#### **HOW IT WORKS:**

1. Complete the application in full and return along with all the necessary and required documents by the deadline listed. Failure to provide a completed application will result in delay of an award.
2. Once your application is received, you will be notified in writing of your Campership award amount and given a *Camp Choice Form* within 7 to 14 days.
3. Complete and return the *Camp Choice Form* to complete the process.
4. PCIL will notify the Camp of the Campers scholarship and the requirements necessary to be reimbursed.
5. Enjoy your camp experience.
6. If you have opted to be reimbursed, when camp is over, return the *request for reimbursement* form along with your Campers attendance records and proof of payment to the Camp.
7. Once all the required documents are received, your request for reimbursement will be processed within 7 to 14 days.

# SUNSHINE SCHOLARSHIP APPLICATION FORM

Office Use Only:  
Date Received:  
Received By:  
Form Complete:  
Applicant Amount:

## CAMPER INFORMATION

Name \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Name \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Name \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_

## HOUSEHOLD INFORMATION

# OF ADULTS (18 and over) LIVING IN THE HOME \_\_\_\_\_ # OF CHILDREN LIVING IN THE HOME \_\_\_\_\_

## REQUIRED DOCUMENTS

CAMPER(S) BIRTH CERTIFICATE (if new to program)     ISP for each Camper     UTILITY BILL for household

## ADDITIONAL DOCUMENTS NEEDED WHEN AVAILABLE

(Check all the ones you have included)

<input type="checkbox"/> SSI/SSDI statement	<input type="checkbox"/> Child Support payment information
<input type="checkbox"/> TANF payments	<input type="checkbox"/> Most recent tax return*
<input type="checkbox"/> HUD or other rental assistance payments	*If tax return is not available, provide two most recent paystubs
<input type="checkbox"/> LIHEAP payments	Or mW2 or 1099NEC
<input type="checkbox"/> SNAP benefit statement	

I agree that the information provided is accurate and complete. I further understand that if I neglect to provide all the documents necessary, my application will be placed at the end of the line. Additionally, I agree to fulfill all the requirements laid out in the program. I understand that it is my responsibility to submit receipts and attendance for reimbursement.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

## RETURN COMPLETED APPLICATION

Option 1: Submit online at [www.pcil.org/sunshinescholarship](http://www.pcil.org/sunshinescholarship)

Option 2: Print and Fax to 609-581-4555

Option 3: Print and Mail to: Sunshine Scholarship c/o PCIL, 3635 Quakerbridge Rd., Suite 40, Hamilton, NJ 08619-1247

Questions Only reach out to: [campership@pcil.org](mailto:campership@pcil.org). Do not submit applications or documents via email.\*\*

\*\*Due to the sensitive nature of the information please do not attach any personal documents via email\*\*.