



Request for Scholarship Respite Funds

PO Box 1235, McCook NE 69001
Phone (308) 345-4990 * Fax (308) 345-4289

I _____ would like to request scholarship respite funds to cover the cost for _____ to attend _____ at _____.
The respite event will be held from _____ to _____.

*** Please attach camp flyer to application form ***

Explanation of special need requiring "ongoing care": (Please be specific)

Is individual able be left alone: _____

Currently receiving respite/other funds: _____ Amount: _____

What is it being used for: _____

Who is the primary caregiver: _____

Caregiver/Parent/Guardian Date

Professional/Case Worker Date
Address: _____ Phone Number: _____

The request form must be completed FULLY and signed by the caregiver and a professional working directly with the client (if applicable) who has a long-term or lifelong disability or illness. The completed form must be approved by the respite coordinator prior to beginning the registration process, if payment is expected in advance. Persons may apply for up to \$250 per event. Situations may warrant a need for additional funds in a calendar year. Every effort must be made to find respite funding for the client prior to requesting scholarship respite funds. The event chosen by the caregiver must be approved by a Nebraska Respite Network Representative.

