



## SCHOLARSHIP APPLICATION

FFC is proud to partner with Kenzie's Camp to provide scholarships for children ages 8-16 to attend this year's session. This incredible camp creates a welcoming and empowering experience for children with craniofacial differences, giving them the opportunity to build confidence, friendships, and lifelong memories.

**June 22 - 25, 2026**

**Kenzie's Camp**  
204 West Main Street  
Chester, Connecticut 06412

*Please note: Applicants must be a resident of one of the six New England states to be eligible for scholarship.*

### Camper information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age at time of camp: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

### Parent/guardian information:

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has your child ever attended Kenzie's Camp before?  Yes  No

If yes, when? \_\_\_\_\_

### How did you hear about this opportunity?

Instagram/Facebook  Email  FFC Website  Other: \_\_\_\_\_





FOUNDATION FOR  
Faces of Children

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## Photograph and Video Release Form

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### ***For persons OVER the age of 18:***

I hereby certify that I am 18 or more years of age.

Adult 1 (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Adult 2 (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### ***For persons UNDER the age of 18:***

*(If person is under age 18, consent must be given by parent or legal guardian.)*

I hereby certify that I am the parent or legal guardian of the following child(ren) under the age of 18 \_\_\_\_\_  
and give consent without reservations to the foregoing on behalf of him, her, or them.

Parent or legal guardian (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Home Address: \_\_\_\_\_