



Helping All Children Grow, Learn and Thrive

PO Box 50593, Columbia, SC 29250 | LimitlessPurpose.org

2024 Application for Limitless Learner Award

Child's Full Name: _____ Age: _____

Parent(s) Name: _____

Address: _____

Phone: _____ Email: _____

Medicaid Eligible: No Yes HCB Waiver Participant: ID/RD CS HASCI MCC None

If this child receives Early Intervention or Case Management Services, list the provider name: _____

Name/description of learning opportunity:

Provider Name and Address:

This camp/activity is operated by: School City/County Rec Department Church
 Private Business Other: (please list) _____

Camp/activity operates: Year-long Summer Only Other: _____

Camp/activity is: Open to all children Open only to children with special needs

Fee: \$ _____ Weekly Monthly

Will this child be eligible for other financial assistance to cover the cost of this activity?

No Yes (Please list): _____

Is there a pressing financial need?

Amount of Funding Requested from Limitless Purpose: _____

Please describe how your child will participate/benefit in this camp/activity:

Do you have transportation or will transportation be provided? No Yes

Please list camp/activity website or attach a copy of brochure or promotional information.

Limitless Purpose does not endorse any camp/activity. Parents must research camps/activities and make the best decisions for their children. Limitless Purpose assumes no responsibility for staffing or supervision at any activity or services provided. If awarded, fees will be paid directly to the provider, not the family.