

Helping All Children Grow, Learn and Thrive

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

NOTE: Children are eligible to apply each year, regardless of past awards.

| 2025 Application for Limitless Learner Award | |
|---|---|
| Child's Full Name: | Age: |
| Parent(s) Name: | |
| Address: | |
| Phone: | Email: |
| Medicaid Eligible: □ No □ Yes HCB V | Vaiver 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 oppo | ortunity: |
| 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 More | nthly |
| 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 a | ttach 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.