



Dreamers and Believers Award Application

Foster and Adoptive Family Services (FAFS)

Please type or neatly print the following information.

PRINT

Child's Name Jane Doe

Child's Date of Birth Month 03 Day 30 Year 2010

Child's ID# 111222333
Child's ID# (See foster care board check for ID#). If adopted, to obtain the child's ID#, contact Adoption Operations at 609.888.7460. If KLG, attach a copy of the Kinship Legal Guardianship papers.

Address 100 Example Lane

City Monmouth Junction State NJ Zip 08852

Please indicate if the recipient is currently enrolled in the NJFC Scholars Program. () YES (X) NO
Dreamers and Believers will not duplicate services provided by the NJFC Scholars Program.

Foster/Kinship/Adoptive Parent's Email exampleemail@gmail.com

Foster/Kinship/Adoptive Parent's Daytime Phone (732) 333-5454

I have read and understand the information and eligibility requirements for the Dreamers and Believers award process. I also give the New Jersey Division of Child Protection and Permanency (DCP&P) permission to confirm any information on this application.

Foster/Kinship/Adoptive Parent's Name (print) Mary Doe Signature Mary Doe Date 03/30/2010

DCP&P Caseworker Contact Information

Name(s) Jane Smith Telephone Number (732) 555-5553 x 333

Caseworker's Office Location (e.g., Mercer North Local Office) Middlesex

Vendor/Service Provider Information

Name Gymnastics Academy

Address 100 Olympic Way

City Monmouth Junction State NJ Zip 08852

Phone Number (732) 222-6363

Website www.gymnasticsacademy.com

Email example@gymnasticsacademy.com

- Continued -

THE FOLLOWING THREE SECTIONS MUST BE COMPLETED

NOTE: These sections should be filled out by the child if age appropriate.
If the child is too young, please write from the child's perspective.

1. Please consider my request for \$ 580 towards the following special activity:

Gymnastics camp at Gymnastics Academy

2. Describe how this award would assist you in pursuing your DREAM.

By sending me to gymnastics camp I will be able to
be an Olympic Gymnast. My dream is to get a gold
medal and be the best gymnast in the whole world.

3. If your award were approved, what would you like to say to the Dreams R Us Foundation for providing this opportunity?

Thank you so much for giving me a chance to make
my dreams come true!

By checking this box, I grant FAFS and the FAFS Foundation permission to utilize all or a portion of my or my child's comments, and/or the comments of my child in care, from this application and any thank you notes for the purpose of inclusion in FAFS and FAFS Foundation's marketing, information, educational, contractual, fundraising or other materials. I understand only first initials will be used.

Attach additional pages if needed and available documentation (brochure, flier etc.) to show the cost of activity described.

FAFS OFFICE USE ONLY

Date Received _____	
FAFS Departmental Review _____	Date _____
<input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Held for Future Consideration	
FAFS BOD Member Signature _____	Date _____
CEO Authorization Signature _____	Date _____
Amount Approved \$ _____	Decision Letter Mailed Date _____
Thank You Letter Received Date _____	Check to Vendor Mailed Date _____