



Judith Baker Morris

Memorial Scholarship Fund

ALL APPLICATION MATERIALS ARE DUE by
5 p.m. April 27, 2009.

Ovarian Awareness of Kentucky (O.A.K.) is pleased to have established the Judith Baker Morris Memorial Scholarship Fund for those currently undergoing (or who have completed) treatment for Ovarian Cancer. This scholarship will provide funding for one person to attend the Ovarian Cancer Survivors Retreat **September 10-14, 2009, in Gold Creek, Montana. To be eligible for the scholarship, all applicants must be a first-time visitor to Camp-Mak-A Dream and reside in Kentucky or Southern Indiana.**

The Ovarian Cancer Survivors Retreat is a great experience for women who have been diagnosed with ovarian cancer. Camp activities include participating in workshops; listening to guest speakers, enjoying fabulous food, beautiful cabins, fireside chats, great entertainment and group discussions; taking part in art-studio sessions, collecting valuable resource information; making new friends through a variety of recreational activities; and networking. Those who have attended have been strengthened through this wonderful bonding experience with other women who have ovarian cancer.

The camp has four cabins; an 11,000 square foot main lodge; an art studio; a health center; a maintenance building; a fully accessible pool, hot tub, and archery range; and a ropes' course.

The Judith Baker Morris Memorial Scholarship will pay for the one registration fee for the retreat and one round trip airfare to and from Montana. Campers arrive at Camp Mak-A-Dream on Thursday afternoon, September 10, and leave Monday morning September 14.

Application Procedure

To apply for the scholarship, please submit:

- 1. The Judith Baker Morris Memorial Scholarship Application form**
- 2. The Camp-Mak-A Dream Application form**
- 3. A brief statement describing your financial need and how you would benefit by attending the retreat**

To be eligible for the scholarship all above materials must be completed and submitted by 5 p.m. April 27, 2009. Any applications received after this date will not be considered

Please mail all materials to:

Ovarian Awareness of Kentucky (O.A.K.)

4010 DuPont Circle, Suite 275

Louisville, KY 40207

502-708-1625

For more information on O.A.K. please visit our Web site at:

www.ovarianawarenessofky.org

For more information on the Ovarian Cancer Survivors Retreat:

http://www.campdream.org/adult_retreats.htm



Judith Baker Morris

Memorial Scholarship Fund

ALL APPLICATION MATERIALS ARE DUE

By 5 p.m. **April 27, 2009**

The Selection Committee will notify all applicants whether or not they have been awarded a Campership.

Name: _____

Date of Birth: _____

Month Day Year

Address:

City: _____

State: _____ Zip: _____

Telephone: (_____) _____

E-Mail Address: _____

Ovarian Cancer Diagnosis:

Stage: _____

Date of Ovarian Cancer Diagnosis: _____

Date of Last Treatment: _____

Additional Health Problems:

Have you ever attended the Ovarian Cancer Survivors Retreat before?

Yes No When? _____

Have you previously received a scholarship to attend the Ovarian Cancer Survivors Retreat? Yes No

Reason for requesting financial assistance?

Please describe how you would benefit by attending Camp Mak-A-Dream.

Ovarian Cancer Survivors Retreats

Spring: April 30-May 4, 2009

Fall: September 10-14, 2009



**CAMP
MAK-A-
DREAM**

Gold Creek, Montana

~ For women who are currently undergoing or have completed treatment for ovarian cancer ~

- | | | | |
|----------------------------|---------------------------|--------------------|-----------------------|
| * workshops | * resource information | * fabulous food | * great entertainment |
| * guest speakers | * recreational activities | * beautiful cabins | * making new friends |
| * networking opportunities | * art studio sessions | * fireside chats | * group discussions |

No Registration Fee ~ Suggested Donation ~ \$150

*** Participants may attend either one of these retreats at no cost, however, donations are greatly appreciated.**

Retreat costs are underwritten by the Ovarian Cancer Survivors Foundation and Camp Mak-A-Dream, made possible by donations by foundations & many generous individual donors.

Includes accommodations, meals, entertainment and on-site retreat activities. Transportation not included.
Attendees will be accepted on a first come, first serve basis up to a maximum of 40 participants per retreat.

To attend:

- 1) Complete the registration form and send it to Camp Mak-A-Dream. If you are able to make a monetary donation. You may send us a check call us with a credit card number, or donate at the retreat itself.
- 2) Mark the box next to date of your preferred session (Spring or Fall). Participants are asked to register for just ONE retreat per year to make room for as many women as we can throughout the year.
- 3) Mail, fax or email your completed registration form to Camp Mak-A-Dream as soon as possible. Applications for the fall retreat will not be accepted until May 1, 2009 (on a first-come, first-serve basis).
- 4) Wait to receive a Confirmation Packet by mail with additional IMPORTANT information before making any travel arrangements or reservations.
- 5) Once confirmed, book a flight (specific flights and airlines will be listed in the Confirmation Packet).
- 6) Send a copy of your Travel Itinerary and completed Medical-Release form to Camp Mak-A-Dream.

Please do not book flights before receiving a confirmation packet from us, telling you you've been accepted.

Travel information...

Once confirmed, you may book a flight arriving in Missoula mid-afternoon on Thursday (either April 30 or September 10), and departing from Missoula early to mid-afternoon on Monday (either May 4 or September 14). We ask that you fly into Missoula (in west central MT) on any of these airlines that service this area: Delta/Sky West, United or Horizon/Alaska Airlines.

Camp Mak-A-Dream staff will pick you up at the security check-point at the Missoula airport, assist you with your luggage and transport you the 65 miles east to Gold Creek Lodge on both travel days.

Cancellations: Due to the unpredictable nature of participants' medical conditions, we simply ask that if you register to attend either of these retreats, but your plans change for whatever reason, that you contact us as soon as possible so we can give your spot to another participant with as much advance notice as possible.

You may also want to consider taking out travel insurance in case you have to unexpectedly cancel.

The fine print...

- Camp Mak-A-Dream attempts to accommodate, as much as possible, special needs and requests.
- Smoking will not be permitted during this retreat in the buildings or on the grounds of Camp Mak-A-Dream & for the comfort and safety of everyone at camp, alcohol should NOT be brought to camp
- Medical care is available during this retreat; further information will be in your confirmation materials.

Questions? Jennifer Benton * Camp Mak-A-Dream * (406) 549-5987 * E-mail: jennifer@campdream.org

Registration Form for 2009 Ovarian Cancer Survivors Retreats

Complete this form & return as soon as possible to: Camp Mak-A-Dream / Ovarian Cancer Retreat
P.O. Box 1450 * Missoula, MT 59806 * Fax (406)549-5933 * E-mail: Jennifer@campdream.org

Name _____ Address _____
City _____ State _____ Zip _____
Home Phone # (_____) _____ Work Phone # (_____) _____
E-mail address (please print clearly): _____

Have you attended this retreat in the past? Yes No If so, # of times: _____
How did you hear about this retreat? _____

I prefer to attend (please select only ONE retreat): **Spring:** April 30–May 4, '09 *-or-* **Fall:** Sept. 10-14, '09
Please do not send your registration form in until May 1, 2009 if you plan to attend the September/Fall session.
If you do, we will return it to you and ask you to resubmit it after May 1.

Although the retreat is offered free of cost to participants, donations are greatly appreciated.

I'd like to make a donation of \$ _____ to: Camp Mak-A-Dream *-or-* Ovarian Cancer Survivors Fndt.
Check (enclosed) - or - I plan to make a donation at the retreat
Credit Card (circle type): MC Visa Discover AmEx Acct.# _____
Exp. Date (mo/yr) ___/___ Signature: _____

We'd like to know what you think...

What educational or cancer-related topics would you like to see offered at this retreat? _____

What recreational activities would you like to see offered at this retreat? _____

If you have a special skill or talent you'd like to share with the group by leading a workshop, please contact Jennifer Benton or Beth Martin at Camp Mak-A-Dream (406)549-5987.

Tell us about yourself...

Date of Diagnosis: _____ Type of Diagnosis: _____ Stage: _____

Are you **currently** in treatment? Yes No Date of Birth: ___/___/___

Type(s) of current treatment: _____

List any physical limitations including fatigue, flexibility, etc.: _____

Do you use crutches? Yes No A wheelchair? Yes No Can you walk a half-mile? Yes No

Dietary restrictions...

Do you require a vegetarian menu during this retreat? Yes No

Do you eat: (check all that apply) chicken fish red meat pork eggs dairy products

List any food allergies or other dietary restrictions: _____

For accommodation purposes...

Housing is dormitory style with two to six people per room, sharing two showers & bathrooms. Everyone will sleep on a bottom twin sized bunk bed and all beds are close to bathroom facilities. Linens & towels provided.

Do you? Stay up late Go to bed early Snore? Yes No I don't know

When making cabin assignments, we will **attempt** to honor special cabin-mate requests, however, we cannot make any guarantees. Cabin assignments are done taking medical needs and special conditions into consideration first. **If possible**, I'd like to be in a cabin with: _____

Ovarian Cancer Survivors Retreats

Spring: April 30-May 4, 2009

Fall: September 10-14, 2009



**CAMP
MAK-A-
DREAM**

Gold Creek, Montana

~ For women who are currently undergoing or have completed treatment for ovarian cancer ~

- | | | | |
|----------------------------|---------------------------|--------------------|-----------------------|
| * workshops | * resource information | * fabulous food | * great entertainment |
| * guest speakers | * recreational activities | * beautiful cabins | * making new friends |
| * networking opportunities | * art studio sessions | * fireside chats | * group discussions |

No Registration Fee ~ Suggested Donation ~ \$150

*** Participants may attend either one of these retreats at no cost, however, donations are greatly appreciated.**

Retreat costs are underwritten by the Ovarian Cancer Survivors Foundation and Camp Mak-A-Dream, made possible by donations by foundations & many generous individual donors.

Includes accommodations, meals, entertainment and on-site retreat activities. Transportation not included.
Attendees will be accepted on a first come, first serve basis up to a maximum of 40 participants per retreat.

To attend:

- 1) Complete the registration form and send it to Camp Mak-A-Dream. If you are able to make a monetary donation. You may send us a check call us with a credit card number, or donate at the retreat itself.
- 2) Mark the box next to date of your preferred session (Spring or Fall). Participants are asked to register for just ONE retreat per year to make room for as many women as we can throughout the year.
- 3) Mail, fax or email your completed registration form to Camp Mak-A-Dream as soon as possible. Applications for the fall retreat will not be accepted until May 1, 2009 (on a first-come, first-serve basis).
- 4) Wait to receive a Confirmation Packet by mail with additional IMPORTANT information before making any travel arrangements or reservations.
- 5) Once confirmed, book a flight (specific flights and airlines will be listed in the Confirmation Packet).
- 6) Send a copy of your Travel Itinerary and completed Medical-Release form to Camp Mak-A-Dream.

Please do not book flights before receiving a confirmation packet from us, telling you you've been accepted.

Travel information...

Once confirmed, you may book a flight arriving in Missoula mid-afternoon on Thursday (either April 30 or September 10), and departing from Missoula early to mid-afternoon on Monday (either May 4 or September 14). We ask that you fly into Missoula (in west central MT) on any of these airlines that service this area: Delta/Sky West, United or Horizon/Alaska Airlines.

Camp Mak-A-Dream staff will pick you up at the security check-point at the Missoula airport, assist you with your luggage and transport you the 65 miles east to Gold Creek Lodge on both travel days.

Cancellations: Due to the unpredictable nature of participants' medical conditions, we simply ask that if you register to attend either of these retreats, but your plans change for whatever reason, that you contact us as soon as possible so we can give your spot to another participant with as much advance notice as possible.

You may also want to consider taking out travel insurance in case you have to unexpectedly cancel.

The fine print...

- Camp Mak-A-Dream attempts to accommodate, as much as possible, special needs and requests.
- Smoking will not be permitted during this retreat in the buildings or on the grounds of Camp Mak-A-Dream & for the comfort and safety of everyone at camp, alcohol should NOT be brought to camp
- Medical care is available during this retreat; further information will be in your confirmation materials.

Questions? Jennifer Benton * Camp Mak-A-Dream * (406) 549-5987 * E-mail: jennifer@campdream.org

Registration Form for 2009 Ovarian Cancer Survivors Retreats

Complete this form & return as soon as possible to: Camp Mak-A-Dream / Ovarian Cancer Retreat
P.O. Box 1450 * Missoula, MT 59806 * Fax (406)549-5933 * E-mail: Jennifer@campdream.org

Name _____ Address _____
City _____ State _____ Zip _____
Home Phone # (_____) _____ Work Phone # (_____) _____
E-mail address (please print clearly): _____

Have you attended this retreat in the past? Yes No If so, # of times: _____
How did you hear about this retreat? _____

I prefer to attend (please select only ONE retreat): **Spring:** April 30–May 4, '09 *-or-* **Fall:** Sept. 10-14, '09
Please do not send your registration form in until May 1, 2009 if you plan to attend the September/Fall session.
If you do, we will return it to you and ask you to resubmit it after May 1.

Although the retreat is offered free of cost to participants, donations are greatly appreciated.

I'd like to make a donation of \$ _____ to: Camp Mak-A-Dream *-or-* Ovarian Cancer Survivors Fndt.
Check (enclosed) - or - I plan to make a donation at the retreat
Credit Card (circle type): MC Visa Discover AmEx Acct.# _____
Exp. Date (mo/yr) ___/___ Signature: _____

We'd like to know what you think...

What educational or cancer-related topics would you like to see offered at this retreat? _____

What recreational activities would you like to see offered at this retreat? _____

If you have a special skill or talent you'd like to share with the group by leading a workshop, please contact Jennifer Benton or Beth Martin at Camp Mak-A-Dream (406)549-5987.

Tell us about yourself...

Date of Diagnosis: _____ Type of Diagnosis: _____ Stage: _____

Are you **currently** in treatment? Yes No Date of Birth: ___/___/___

Type(s) of current treatment: _____

List any physical limitations including fatigue, flexibility, etc.: _____

Do you use crutches? Yes No A wheelchair? Yes No Can you walk a half-mile? Yes No

Dietary restrictions...

Do you require a vegetarian menu during this retreat? Yes No

Do you eat: (check all that apply) chicken fish red meat pork eggs dairy products

List any food allergies or other dietary restrictions: _____

For accommodation purposes...

Housing is dormitory style with two to six people per room, sharing two showers & bathrooms. Everyone will sleep on a bottom twin sized bunk bed and all beds are close to bathroom facilities. Linens & towels provided.

Do you? Stay up late Go to bed early Snore? Yes No I don't know

When making cabin assignments, we will **attempt** to honor special cabin-mate requests, however, we cannot make any guarantees. Cabin assignments are done taking medical needs and special conditions into consideration first. **If possible**, I'd like to be in a cabin with: _____