



Campership Request Form

(Please submit with 2 Support Letters. \$50 deposit must be paid by camper for consideration. Full Details below.)

Camper Info

First Name	Last Name	Date of Birth (mm/dd/yyyy)		
Residing Address	City	State	Zip	County

Guardian/Primary Contact (Legal Guardian or primary person to contact for additional information or questions)

First name(s)	Last Name	Mailing address	City	State	Zip Code
Phone	Cell/Other Phone	Relationship	Email Address		

Primary Diagnosis (Medical or Educational)

- Cerebral Palsy Intellectual Disability Autism (includes Autism Spectrum, Asperger's, PDD-NOS)
 Muscular Dystrophy ADHD
 Downs Syndrome Behavioral Disorder Other Disability (explain/comments)
 Learning Disability Head Injury

Campership Request Information

Session: Please provide dates and title of specific session(s)

Maximum camperships of 2/3 reduced camp fee (\$400 for Summer Sleep Away, \$140 for Summer Day Camp, \$160 for Weekend Sessions)
 Partial Campership in the amount of: \$

Review and Sign

By signing below, I indicate that all information provide is accurate and I understand the eligibility requirements and criteria as outlined below.

Print Name	Relationship to Camper	Signature	Date
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Eligibility Requirements & Criteria

- Camperships allotments are based on the following criteria;
- Application is not a guarantee of campership. Amount of campership, if any, granted based on funds available.
 - Session deposit as stated on registration is required for all campers for consideration.
 - Maximum campership available is 2/3 of reduced camp fee for sessions at camp and 1/2 of reduced fee for travel sessions when available. Camper is responsible for any remaining balance due after campership is applied.
 - Campership may be allotted for part or all of remaining program fee depending on fund availability.
 - 1 campership per season may be allotted per camper (3 total per year per camper).
 - Proof of educational or medical diagnosis required for all camperships.
 - Campership eligibility may be restricted to specific programs, locations, demographics, or disabilities based on criteria set by fund donor or grant. Travel sessions are not eligible for a full campership.
 - 2 Letters of Support must accompany Campership Form for consideration (Letters required once per calendar year):
 - Letter 1: Personal letter from camper or family member explaining the impact camp may have on the camper and the camper's life satisfaction.
 - Letter 2: from professional who is familiar with camper and outlines the camper's need for attending camp and potential benefits. Can be from a teacher, caseworker, doctor, or other professional individual.
 - Letters are only required once per calendar year.
 - Submit request form with both letters.
 - All requests are taken on a first-come, first-served basis and dependent upon availability of funds.

Office Use Only:	Date Received	<input type="text"/>	Funds Approved	\$ <input type="text"/>	Reviewed by	<input type="text"/>
Invoice #	<input type="text"/>	Not Approved (Reason if applicable)		<input type="text"/>		