



# Campership Request Form

Date received at CHH: \_\_\_\_\_

**(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
Cell Phone	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 campership of 2/3 reduced camp fee (\$435 for Summer Sleep Away, \$145 for Summer Day Camp, \$155 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 prior to consideration for all campers.
  - 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 has been applied.
  - Campership may be allotted for part or all 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:**
    - 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 Approved	<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"/>			