



## 2012 CAMBERSHIP APPLICATION

### Camperships are for:

- Applicants who receive Family Support Services & currently reside with their family. The camperships are available dependent on funding.

### Please return this completed form on or before April 30, 2012 to:

Region 10 Community Support Services, Inc., ATTN: Anita Trudel  
 8 Commerce Drive, Atkinson NH 03811 or e-mail to [atrudel@region10nh.org](mailto:atrudel@region10nh.org)  
 & please put "CAMBERSHIP" in the subject line.

### DEADLINE FOR APPLICATION IS April 30, 2012

**CAMBERSHIP APPLICATION MUST BE THOROUGHLY COMPLETED TO BE ACCEPTED & PROCESSED.  
 If the application is incomplete, it will be returned to you for completion.**

Application Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School District: \_\_\_\_\_

Camp Applying to: \_\_\_\_\_

Please briefly describe the benefit of the camp: \_\_\_\_\_

\_\_\_\_\_

Total Cost of Camp: \$ \_\_\_\_\_

Family/Other Contribution: \$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail check to: Address City/State Zip: \_\_\_\_\_

- Is your child eligible for summer programming through his/her IEP? (*Camperships are not intended to replace ESY Programs*). Y N
- Is this campership to be used as an extension of the extended school year program? Y N

### Campership Determination

Amount Approved : \$ \_\_\_\_\_ GSL Code: FS 7844 \_\_\_\_\_

Approved By : \_\_\_\_\_ Date: \_\_\_\_\_