

Date Received



**2018 CAMPERSHIP APPLICATION**

**Camperships are for:**

- Applicants who receive Family Support Services & currently reside with their family.  
The camperships are available dependent on funding and are **due on or before 4-30-18.**

**Please return this completed form (on or before April 30, 2018) to:**

Community Crossroads, ATTN: Anita Trudel  
8 Commerce Drive, Atkinson NH 03811 or e-mail to [atrudel@communitycrossroadsnh.org](mailto:atrudel@communitycrossroadsnh.org)  
& please put "**CAMPERSHIP**" in the subject line.

**CAMPERSHIP 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: \_\_\_\_\_ Email: \_\_\_\_\_ School District: \_\_\_\_\_

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

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

Total Cost of the 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**

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**Campership Determination**

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

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