



# 2018 Campership Request

**\*\*Please complete entirely, include verification of camp registration, confirmation letter and any paid receipts.\*\***

## Parent & Camper Information

Parent Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Campers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Campers Diagnosis: \_\_\_\_\_

Is a 1:1 Aide or Part-time Paraprofessional provided at school or needed? Yes No N/A

## Camp Information

Camp Name: \_\_\_\_\_ Camp Phone: \_\_\_\_\_

Camp Website: \_\_\_\_\_ Day or Residential: \_\_\_\_\_

Days Attending: Mon. Tues. Weds. Thurs. Fri.  
Hours per day:

Camp Fee 1 Session \$ \_\_\_\_\_ Amount Family Paid: \$ \_\_\_\_\_

**Note: Families are asked to contribute 25% of the camp session cost and anything exceeding a \$750 campership award.**

## Financial Assistance Information

Are you pursuing any of the following financial assistance options?

\*Harry Alan Gregg Foundation- Yes No \*Civic Organization \_\_\_\_\_ Yes No

\*Scholarship from your child's camp- Yes No \*Camp Payment Plan \_\_\_\_\_ Yes No

\*School District Summer IEP Funding- Yes No \*Other \_\_\_\_\_ Yes No

If you have stated NO to any of the above financial assistance options, please state why.

Campership Request: \$ \_\_\_\_\_

\*Campership requested amount for one session of camp less family paid 25% not to exceed \$750

**Deadline to Submit a Campership Request is May 25<sup>th</sup>, 2018**

Gateways Community Services, 144 Canal Street, Nashua, NH 03064 (603)882-6333 Fax 889-5460