



Family Support Camp Request

Date: _____

Applicant Name: _____ Social Security: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____

TCM: _____ Phone: _____

Funding Requested: \$ _____

Camp Program: _____

Camp Ratio: _____ Weeks attending: _____

Eligible for ESY

Reimbursement for camp will only cover staffing charges based on the ratio of the individual. Funding will not be approved for membership, activity, educational or other fees which may be charged by a camp program.

A cost estimate/breakdown from the camp program indicating the weekly charge based on the individual's ratio must accompany this request.

Explanation of Need: