



Family Support Summer Camp Request

Date: _____

Applicant Name: _____ Social Security: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____

TCM: _____ Phone: _____

Funding Requested: \$ _____

Summer Program

Camp Woodchuck

Yess Camp

Other

Camp Ratio: _____

Weeks attending: _____

Eligible for ESY

Reimbursement for summer 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 summer camp program.

Explanation of Need: