

Spina Bifida Association of W. PA



Campership Application 2018-2019

Funds available for Camperships covered by this application come from funds restricted for use for participants of the Spina Bifida Association of W.PA (SBAWP) Summer and Weekend Retreat Developmental Camping Programs by the Scholarship Fund. Please note that although participants with other disabilities will be considered, individuals with spina bifida will be given preference.

NOTE: Camperships are limited to 85% of the cost of the program. Families are asked to pay the remaining 15% out of pocket or raise it by participating in fundraisers.

Participants Name: _____ DOB: __/__/__
Street Address: _____
City, State, Zip: _____
Home Phone: _____ Cell phone: _____
Parent/Guardian Name(s): _____ Phone: _____
Email address: _____ Disability: _____

Return completed application with program registration.

Please mail to:

Spina Bifida Association of W.PA
3000 Stonewood Drive
Wexford, PA 15090

Or email to

tpipchok@sbawp.org

Campership questions: (724) 934-9600, Fax: (724) 934-9610

GENERAL INFORMATION

The SBAWP is concerned about the individual needs of every participant for whom this request is made. We remain committed to giving individuals the opportunity to participate regardless of ability to pay.

The current fees per individual are:

\$380 for each weekend retreat

\$1140 for Adult summer camp (6 nights)

\$950 for Y/T summer camp (5 nights)

Please note that though **this is the initial price of the program, this will not necessarily be the final price that you pay.** Please contact Tricia Pipchock for more information.

Camperships are not transferable or refundable, and have no cash value.

Applications must be submitted no later than two weeks prior to the desired camp session(s). Applications received after this time period will be reviewed but may not be granted due to limited funds. Only one application is required for the dates listed on the application.

Generally, camperships are limited to no more than 85% of the program cost. Each participant or their family should provide a minimum of 15% of the program cost. This contribution can be made out of pocket or by participating in the fundraisers offered throughout the year.

We are unable to waive or decrease any cost to any individual without a completed application that has been approved prior to the program the individual wishes to attend. All information in this application will be treated confidentially.

*****In order to qualify for a campership the individual must have participated or commit to participate in a minimum of one fundraiser per year.*****

If you have been granted a campership for the previous year and have not participated in a fundraiser you WILL NOT be granted a campership until you participate in a fundraiser.

INSTRUCTIONS

Please read all instructions completely and fill in all spaces. Do not include any additional paper.

CAMPERSHIP REQUEST

Please list the amount requested including costs provided by the family and any third party billing such as MHMR. Camp costs should include the total amount for each program. Specific consideration will be given to those that include amounts of need and not just the maximum amount allowable.

FAMILY INFORMATION

Briefly, describe the general circumstances that require campership assistance for the participant to attend camp.

Applicants Name: _____

Please check the sessions you plan on attending:

____ September 7-9, 2018 Adult Retreat
____ Nov 30-Dec 2, 2018 Adult Retreat
____ February 22-24, 2019 Adult Retreat
____ March 22-24, 2019 Adult Retreat
____ June 30-July 6, 2019 Adult Summer
Camp

____ September 28-30, 2018 Youth/Teen Retreat
____ December 7-9, 2018 Youth/Teen Retreat
____ March 15-17, 2019 Youth/Teen Retreat
____ May 10-12, 2019 Youth/Teen Retreat
____ July 7-12, 2019 Youth/Teen Summer Camp

(Please note that some of these dates are subject to change check flyers and website calendar for any changes)

CAMPERSHIP REQUEST-Weekend Retreats

**Cost of Retreats (\$380 each): \$ _____
Less Cost Provided by the Family: - _____
Less Cost Provided by Third Party Billing: - _____
Net Campership Request: \$ _____

****The Cost of Retreats should be the total cost for all the retreats you plan on attending.**

Example: If I indicate that I am attending 3 retreats my total cost of retreats would be \$1140. I can afford to pay \$330 (\$110 per retreat) of the cost. So I would complete the above like this:

Cost of Retreats: \$1140

Less cost provided by Family: -\$330

Net campership request: \$810 (This is the difference between the cost and what I would be providing, making it the amount I am requesting for the campership.)

CAMPERSHIP REQUEST-Summer Program(s)

Cost of Camp \$ _____
(\$1140 for adult camp and \$950 for Y/T Camp)
Less Cost Provided by the Family: - _____
Less Cost Provided by Third Party Billing: - _____
Net Campership Request: \$ _____

FAMILY INFORMATION

This section must be completed by the participant's family or the participant if over the age of 18. Briefly, describe the circumstances that require campership assistance.

Parent/Guardian/Participant Signature: _____ Date: _____

By signing this form you verify that you have either already participated or commit to participate in at least one fundraiser.