



<b>CARH OFFICE USE ONLY:</b>	PHOTO _____	BOOK# _____	PAGE# _____
CAMP _____	AMT. APPROVED _____		

**Please note: the applicant must be registered to attend desired camp before submitting a CARH Campership Grant Application**

### 2008 CAMBERSHIP GRANT APPLICATION

DATE _____	GRANT # _____
Name of person requesting grant _____	Relationship/Title/Agency _____

Address _____	City _____	State _____	Zip _____	Phone # _____
Name of individual for whom Campership is requested _____	M/F _____	Age _____	Date of Birth _____	
Address _____	City _____	State _____	Zip _____	Phone# _____

\*\*\*\*\*  
 Applicant lives at  one: Home \_\_\_\_\_ Residential Care \_\_\_\_\_ Foster Care \_\_\_\_\_ Independently \_\_\_\_\_

**IF APPLICANT IS LIVING AT HOME PLEASE COMPLETE THE BOXED SECTION**

<b><u>Parents Annual Income</u></b>	Husband & Wife share same dwelling <input type="checkbox"/> Yes <input type="checkbox"/> No
000 - 8,000 _____	If no, please indicate: Separated _____ Divorced _____ Single _____ Widow _____
8,000 - 10,000 _____	
10,000 - 20,000 _____	# of siblings living at home _____ Ages of siblings _____
20,000 - 30,000 _____	Please <input checked="" type="checkbox"/> if employed: Parent _____ Husband _____ Wife _____
30,000 - 40,000 _____	
40,000 - 50,000 _____	
50,000 - 75,000 _____	
Renting home <input type="checkbox"/> Monthly rent \$ _____	Own home <input type="checkbox"/> Mortgage amt. \$ _____

**ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING:**

Is applicant a recipient of: \_\_\_\_\_ S.S.I. \_\_\_\_\_ A.F.D.C. \_\_\_\_\_ Soc. Sec. \_\_\_\_\_ Other \_\_\_\_\_  
 Is applicant a Regional Center client?  Yes  No

Describe in detail below degree of Mental Retardation (Mild, Moderate, Profound, Severe)

Describe in detail mental illness (if any). Is it controlled? \_\_\_\_\_

Describe in detail physical capabilities. \_\_\_\_\_

Have you submitted Campership grant(s) application(s) to other agencies, such as R.C.E.B. or the ARC? YES or NO

If YES please list where and the amount for which you have applied for. \_\_\_\_\_

**Must Be Complete**

Name of Camp	Session	of Days	Fee
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Applicant's Physician	Address	City	Zip	Phone #
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Acceptance of Grant proceeds constitutes permission for use of names, addresses, photographs and/or home interviews.

(Signature Required)	Relationship/Title	Date
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**PLEASE NOTE: If Camp applicant has never received a CARH Campership Grant before, then a minimum 3x5 photograph must be submitted with this application. No group photos please.**

**\*Incomplete applications will not be reviewed\***

