



DIANNE ARBEITER CAMPERSHIP APPLICATION

2011-2012 School Year

Introduction

Each year, the Special Education Foundation through the Diane Arbeiter Fund provides tuition to enable students served by the Special School District to attend summer camps. Please complete the Diane Arbeiter Campership application. **Forms must contain all required information including parent/guardian signatures and a statement of financial need. Please submit a copy of pages 1 and 2 of Form 1040 from the family's most recent tax return. Two letters of recommendation are required including one from the student's SSD teacher and a second letter from someone who knows the student well.**

Students are selected for camperships by a committee based on a point system, with twelve points being the maximum awarded. All application forms must be complete to be considered. Submission of an application does not guarantee funding.

Items considered for awarding of camperships are:

- **Letters of Recommendation.....one to three points**
Two letters required – one must be from SSD teacher
- **Statement of need from parent/guardian.....one to three points**
Statement of financial need and extenuating family circumstances
- **Activities and grades.....one to three points**
- **Financial Need.....one to three points**

In order to be considered for a campership, a completed application and all required documents must be postmarked by February 10, 2012.

Send the completed application to County Wide program for Students who are Deaf or Hard of Hearing, Special School District, 12110 Clayton Road, St. Louis, MO 63131, (314) 989-8451, Mickey Murphy.

Applications along with required documents must be postmarked by February 10, 2012.

QUESTIONS? Call Mickey Murphy at 314-989-8451

APPLICATIONS MUST BE POSTMARKED BY FEBRUARY 10, 2012.

DIANE ARBEITER CAMPERSHIP APPLICATION

1) Name of applicant: _____

Address: _____
Street City State Zip

Home phone: (____) _____

Parent/Legal Guardian(s) Work/Cell Phone: (____) _____ / (____) _____

Parent/Legal Guardian(s) name _____

Parent/Legal Guardian(s) email _____

Parent/Legal Guardian(s) address (if different from the applicant) _____

_____ Street City State Zip

2) Indicate the Special School District program in which applicant is enrolled.

School: _____ District _____

Name of SSD Teacher: _____ email _____ phone _____

Check the appropriate types of program(s) the applicant is receiving:

Autism Behavior Disorder Hearing Impaired Other Health Impaired Learning Disabled
 Physically Impaired Vision Impaired Speech/Language Impaired Developmentally Disabled

(3) Name of camp or program: _____

Camp address: _____

Camp's phone number: (____) _____ Cost of camp's tuition: \$ _____

Dates applicant wishes to attend camp: _____

Length of camp (weeks/months): _____

Description of camp:

Give a brief explanation of benefit of camp to applicant (Attach another sheet, if necessary)

(4) Statement of financial need (completed by parent/legal guardian, attach another sheet, if necessary)

Signature of Student _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

APPLICATIONS MUST BE POSTMARKED BY FEBRUARY 10, 2012.