



**DIANNE ARBEITER CAMBERSHIP APPLICATION  
2009 – 2010 School Year**

Each year, the Special Education Foundation provides tuition to enable students in Special School District to attend summer camps. Forms must contain all required information including parent signatures and a statement of financial need. A committee selects the students for camperships. **A brief letter of recommendation from the student’s teacher is required as well as a second letter of recommendation from someone who knows the student well.** Submission of an application does not guarantee funding. Please submit a copy of pages 1 and 2 of Form 1040 from the family's most recent tax return.

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.  
**DEADLINE FOR RECEIVING APPLICATION IS February 12, 2010.**

**Items considered for awarding of camperships:**

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

**Applicant Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Parent/Legal guardian Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Home Phone** \_\_\_\_\_ **Work/Cell Phone** \_\_\_\_\_

**Indicate the Special School District program in which applicant is enrolled:**

**School** \_\_\_\_\_ **District** \_\_\_\_\_

**Name of SSD teacher** \_\_\_\_\_ **Program** \_\_\_\_\_

**Name of Camp or Program** \_\_\_\_\_

**Address of Camp** \_\_\_\_\_  
Street City State Zip

**Camp’s phone number, with area code** \_\_\_\_\_

**Cost of the camp’s tuition** \_\_\_\_\_

Dates applicant wishes to attend camp \_\_\_\_\_

Length of camp (number of weeks or months) \_\_\_\_\_

Description of camp \_\_\_\_\_

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

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Statement of financial need. (Completed by parent or legal guardian).

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(Attach another sheet if necessary)

**Financial Need Criteria:**

Attach the most recent tax return (pages 1 & 2 of Form 1040).

Reminder: please be sure to attach two letters of recommendation. (one must be from the student's SSD teacher).

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_ E-mail address \_\_\_\_\_