



SAMMY GOLDMAN “LIVING BIG”

CAMPERSHIP APPLICATION

2011-2012 School Year

Introduction

The Sammy Goldman “Living Big” Campership Award is given in tribute to the life of Sammy Goldman, a young child who brought an unending joy to all who knew him. Sammy, whose life ended at the tender age of five, is remembered by his family and friends as one who loved to “live big”. Sammy’s short life was characterized by welcoming smiles, a ready enthusiasm and an ongoing zest for life. As a tribute to his memory, Sammy’s parents, Rebecca and Louis Goldman, have established the “Living Big” Campership to be given to a child with special needs. The campership is awarded at the Foundation’s Commitment to Kids Banquet in the spring.

Please complete the Sammy Goldman “Living Big” Campership application. Forms must contain all required information including parent/guardian signatures and a statement of financial need. **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 by a committee that gives special emphasis to the following:

Financial Need
Enthusiasm for Learning
Love of School
Outgoing Personality
Enjoyment of Outside Activities

In order to be considered for the campership, the following additional documents along with the completed application must be postmarked by March 10, 2012:

- **Letters of Recommendation. . . .two letters required – one must be from SSD teacher**
- **Statement of need from parent. . . .statement of financial need and extenuating family circumstances**

Send the completed application to Diane Buhr, Executive Director, Sammy Goldman Campership Special Education Foundation, 10176 Corporate Square Drive, Suite 100, St. Louis, MO 63132, Applications along with required documents must be postmarked by March 10, 2012.

QUESTIONS? Call Diane Buhr at 314-567-8100 or e-mail Diane at dibuhr@aol.com

APPLICATIONS MUST BE POSTMARKED BY MARCH 10, 2012.

SAMMY GOLDMAN "LIVING BIG" CAMPERSHIP APPLICATION

1) Name of applicant: _____

Address: _____

Street City State Zip

Home phone: (____) _____ Parent/Legal Guardian(s) email: _____

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

Parent/Legal Guardian(s) name _____

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 _____ Grade _____

Name of SSD Teacher: _____ email: _____ VM: _____

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

Is your child's ability to communicate impacted by his/her disability----Yes ___ No ___

If yes, please describe _____

(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 Parent/Legal Guardian _____ Date _____

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