

2024 Summer Enrichment/Campership Reimbursement Application

NEW THIS YEAR: Summer Enrichment/Campership funds will be provided as a REIMBURSEMENT once a receipt for this activity has been provided. This application that you are submitting should indicate the funds that you are anticipating needing for your summer enrichment activity or camp.

This application is due on or before 4-30-2024* Applicants will be informed of the amount available for reimbursement by June 1st. Late applications will not be accepted. Reimbursement will be provided based on availability.

A receipt for your summer enrichment activity/camp must be submitted with the individuals name to fsc@communitycrossroadsnh.org between June 1, 2024 and August 31, 2024 to receive this reimbursement.

Eligibility: Individuals currently receiving Family Support/Service Coordination with Community Crossroads who reside at home with their family may apply for reimbursement for the cost of camp or a summer activity that enriches their life.

Please return this completed form via email to: fsc@communitycrossroadsnh.org with the subject line "Campership Application" or mail to: Community Crossroads, ATTN: Sarah Snyder/Campership Request, 8 Commerce Drive, Suite 801, Atkinson NH 03811

*Upon submission of application an email confirmation will be provided, please retain this confirmation for your records. If you have not received a confirmation email by April 30, 2024 please contact your Family Support/Service Coordinator to ensure receipt.

Applicant's Name (individual receiving services): _____ Date: _____

Complete Address: _____

Phone Number: _____ Email: _____

Does individual participate in CPS, PDMS, or IHSW services? Yes No Unknown

Please briefly describe how the funding will be used: _____

____ Name of camp: _____

____ Enrichment activity- please identify how this activity will provide an enriching opportunity to the individual receiving services _____

Total Amount Requested: _____

Make check payable to: _____

Mailing address for payment: _____

Please note: Families will be notified regarding the outcome of this application by June 1, 2024 and payments will be mailed within 2 weeks of receiving a families receipt for this reimbursement request.

Signature of Parent/Guardian: _____ Date: _____

By signing this document, you are agreeing that any campership/summer enrichment funds being requested will be used for the purpose identified in this document.

For Agency Use Only

Amount Approved \$ _____

Memo to be included on payment: _____

Approved By: _____

GSL Code: FS 7844

Date: _____