



Move, Think, Create and Communicate
Campership Application 2008

If you would like to request a campership for a child registered for camp with the Autism Project of Rhode Island's summer camp, please complete this form and return it to the following address:

The Autism Project of Rhode Island
ATTN: CAMP
51 Sockanosset Crossroad
Suite A
Cranston, RI 02920

- A parent or guardian must complete and sign the Campership Application Form.
- A copy of a recent W-2 form or paycheck is required.
- Camperships will be awarded June 27, 2008

Please print clearly and return this form as soon as possible. Thank you for your cooperation.

Name of Camper: _____

Camper's Age: _____

Camp Session: Session I (08/04/08-08/08/08)
 Session 2 (08/11/08-08/15/08)

Monthly Family Income (After Taxes): _____
(Please include all income sources for your family)

Family Size (please include all children and adults living in your household): _____

Copy of W-2s or recent pay stubs enclosed

Name of Parent/Guardian Completing this Form: _____
(Please Print)

Signature of Parent/Guardian Completing this Form: _____