

6935 AIRPORT HWY LANE, OFFICE 1 PENNSAUKEN, NJ 08081

## **Campership Application**

Please complete the form below to indicate your request for financial assistance for camp. The information needed in order for the disbursement to be authorized is the name of the camp, the cost of camp and the time of attendance. **Verification of the registration** of the camper must be attached In addition, please provide the billing information: the name of the person responsible for receiving the payment for the camp or organization running the camp and the billing address, which can be different that the camp address. Once all the information is complete, a check is mailed to the camp. Please keep a copy of all information you send, in case further clarification is needed. Thank you in advance for your cooperation.

Name of Camper		
Street Address		
City, State, Zip		
Payee of Check		
Billing Address		
City, State, Zip		
	Phone	
Camp Dates	Cost of Camp	

Mail Form to: Nancy Case 465 Colfax Rd. Havertown, PA 19083-1314

**Please note:** The amount allotted to Campership grants varies each year based on the number of applications submitted and the corresponding costs. The Campership amount is subject to approval by the Board of Directors in keeping with the amount allotted in the Annual budget for this fund.

Phone:  $800\text{-}223\text{-}0222 * 610\text{-}446\text{-}1066 * www.sbadv.org}$