



## 2024 Summer Campership Program

The Summer Campership Program is a financial assistance program designed to aid in providing recreational opportunities between Memorial Day and Labor Day, to families of children with disabilities ages 4 to 25 years. Awards range from \$85 to \$400. This program is made possible by a grant from the County of Mercer, the Progressive Center for Independent Living (PCIL) is the steward of these funds. Applications are processed for approval by PCIL on a first-come, first-served basis. Scholarship funds are limited.



Made Possible by a Grant Through Mercer County

## **ELIGIBILITY CRITERIA:**

- Campers must be aged 4 to 25 years. For new applications, a birth certificate is required.
- Campers must reside in Mercer County NJ. Proof of residency is required, such as a utility bill.
- Campers must be living with a disability. Documentation is required.
- Application must be completed and submitted to PCIL.
- Awards are based on household income. The total annual household income of all adults living in the household and the number of people living in a residence is used to determine income level. Proof of income is required.
- The applicant must agree that the participant will attend a minimum of 80% of the selected camp meeting dates. Failure to attend at least 80% of camp meetings will disqualify the family from reimbursements and/or future award opportunities.
- Awards must be applied towards licensed outdoor enrichment camps and providers. Any costs over the award amount are the responsibility of the family or individual.
- The applicant agrees to notify PCIL of the camp choice, using the form provided.
- The applicant agrees to provide PCIL with all documentation necessary for reimbursement, failure to provide documentation will delay payment.

## **HOW IT WORKS:**

1. Complete the application in full and return along with all the necessary and required documents by the deadline listed. Failure to provide a completed application will result in delay of an award.
2. Once your application is received, you will be notified in writing of your Campership award amount and given a Camp Choice Form within 7 to 14 days.
3. Complete and return the Camp Choice Form to complete the process.
4. PCIL will notify the Camp of the Camper's scholarship and the requirements necessary to be reimbursed.
5. Enjoy your camp experience.
6. If you have opted to be reimbursed, when camp is over, return the request for reimbursement form along with your Camper's attendance records and a receipt of payment.
7. Once all the required documents are received, your request for reimbursement will be processed within 7 to 14 days.

**Check out our blog at [www.PCIL.org](http://www.PCIL.org) for tips on “selecting activities for summer” and “choosing the right camp” sharing tips and questions to ask.**



# Summer Campership Program

**Office Use Only:**

Date Received:

Received By:

Form Complete:

Applicant Amount:

## CAMPER INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## PARENT/GAURDIAN INFORMATION

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_

## HOUSEHOLD INFORMATION

# OF ADULTS (18 and over) LIVING IN THE HOME \_\_\_\_\_ # OF CHILDREN LIVING IN THE HOME \_\_\_\_\_

## REQUIRED DOCUMENTS

- CAMPER(S) BIRTH CERTIFICATE (if new to program)     UTILITY BILL for proof of residency  
 ISP or IEP or SEC 504 for each camper as proof of disability

## ACCEPTABLE DOCUMENTS FOR PROOF OF INCOME

**(Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> SSI/SSDI Statement                      | <input type="checkbox"/> Child Support Payment Information |
| <input type="checkbox"/> TANF Payments                           | <input type="checkbox"/> Most Recent Tax Return            |
| <input type="checkbox"/> HUD or Other Rental Assistance Payments | If tax return is not available, provide two                |
| <input type="checkbox"/> LIHEAP Payments                         | <input type="checkbox"/> most recent paystubs or           |
| <input type="checkbox"/> SNAP Benefit Statement                  | <input type="checkbox"/> W2 or 1099NEC                     |

I agree that the information provided is accurate and complete. I further understand that if I neglect to provide all the documents necessary, my application will be placed at the end of the line. Additionally, I agree to fulfill all the requirements laid out in the program. I understand that it is my responsibility to submit receipts and attendance for reimbursement.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

**RETURN COMPLETED APPLICATION BY: April 29th, 2024**

**EMAIL:** [campership@pcil.org](mailto:campership@pcil.org)

**FAX:** (609) 581- 4555

**MAIL:** Campership  
Progressive Center for Independent Living  
3635 Quakerbridge Rd, Ste 40  
Hamilton, NJ 08619-1247

**Campership Coordinator: Ruth Roberson**  
(609) 581- 4500; Ext. 120



Progressive Center for Independent Living, Inc  
3635 Quakerbridge Rd, STE 40  
Hamilton NJ 08619-1247  
[www.PCIL.org](http://www.PCIL.org)

FREE MATTER FOR THE  
BLIND AND HANDICAPPED

**Deadline:  
April 29th,  
2024**

