

GREATER BOSTON ARC'S VACATION STIPEND APPLICATION

If you are a member of the Arc of Greater Boston, and would like to be considered for a stipend to offset the cost of a summer vacation or camp experience for your son or daughter with a disability, please submit this form to the Arc of Greater Boston.

Due April 27, 2007

Name _____

Address _____

City/Town _____ Zip Code _____

Date of Birth _____ Telephone Number () _____

Notification of stipend award will be mailed to the individual identified above and any other person identified in the space below.

Name _____

Address _____

City/Town _____ Zip Code _____

Name of the Vacation Program _____

Address _____

City/Town _____ Zip Code _____

Dates of Attendance _____ Cost _____

Important: Please tell us why you are applying for a stipend.

Amount requested _____

If you have received a stipend in the past, please tell us how you used the award including name of vacation program and dates attended.

I am a current member of the Greater Boston Arc _____

I am not a current member of the Greater Boston Arc and wish to join (*please fill out the form at the bottom of the application*) _____

I Certify That the Above Information Is Accurate To The Best of My Knowledge

Signature of Applicant or Parent/Guardian if Under 18 Years Old

Date

Please have your Service Coordinator, Teacher, Case Manager or Social Worker review and sign this application in the space provided below. An application that is not completely filled out will not be considered.

Signature

Agency

Date