



# 2024 Campership Application

Please complete and return this form to:  
MCBDD Service and Support Administration  
Campership Request  
4691 Windfall Rd.  
Medina, OH 44256

OR email to [courtneyj@mcbdd.org](mailto:courtneyj@mcbdd.org)

**You will need to fill out a separate application for each individual.  
Individuals with waivers are not eligible for camperships.**

**Please Print**

Individual's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SCHOOL AGE (ages 22 and under and enrolled in school):**

Which camp does the child want to attend? (tentatively) \_\_\_\_\_

When did your child start receiving County Board services? \_\_\_\_\_

School Your Child Attends: \_\_\_\_\_

School Grade - as of Fall 2024: \_\_\_\_\_

**ADULTS (ages 18 and over and not enrolled in school):**

Which camp does the individual want to attend? (tentatively) \_\_\_\_\_

Cost of camp: \_\_\_\_\_

Amount of assistance requested: \_\_\_\_\_

Is the individual MCBDD Board eligible? (circle one)    Yes    No

The individual currently receives (check all that apply):     Medicaid Waiver     Supported Living

Medicaid ICF     Other: \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions? Please contact the MCBDD Service and Support Administration at 330-725-7751 ext. 130.**