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January 23, 2010

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Cynthia F. Norwood  
*Executive Director*

Dear Parent/Guardian:

As you may know, the Arc of Greater Cleveland accepts applications each year for campership funds to help defray summer camp costs for children with disabilities. This year, funds are available from the Ben M. Bonanno Campership Fund, and we invite you to apply for these funds.

Enclosed you will find an "Application for the Ben M. Bonanno Campership" form. If you would like to be considered to receive funds to assist with paying for summer camp, please complete both sides of the attached form and return it to us no later than March 31, 2010.

One form must be completed for each camper, so feel free to make additional copies if needed. Campers must be under 21 years of age and the maximum amount that can be requested per camper is \$500.

Please return the form to: The Arc of Greater Cleveland, 1331 Euclid Avenue, Cleveland OH 44115. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Cynthia Norwood". The signature is written in a cursive style.

Cynthia Norwood  
Executive Director

CN/cj

1331 Euclid Avenue, Cleveland, Ohio 44115 • Phone: 216.622.0755 • Fax: 216.622.0752

E-mail: [arcgc@thearcofgreatercleveland.org](mailto:arcgc@thearcofgreatercleveland.org)

• Website: [www.thearcofgreatercleveland.org](http://www.thearcofgreatercleveland.org)

The Arc of Greater Cleveland is a 501(c)(3) Non-Profit Organization  
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The Arc of Greater Cleveland  
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Cleveland, OH 44115 216.622.0755 FAX 216.622.0752  
e-mail thearcofgreatercleveland.org

**APPLICATION FOR BEN M. BONANNO CAMBERSHIP**

**APPLICATION DEADLINE IS MARCH 31, 2010**

- ➔ Form must be completed fully. **Be sure to complete both sides.**
- ➔ Use N/A for those questions which do not apply.
- ➔ Use one form for each camper; make additional copies as needed.
- ➔ Camper must be under 21 years old.
- ➔ Maximum amount of request per camper is \$500.

<b>Camper's Name</b> _____		
<b>Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Birth date</b> _____	<b>Phone</b> (    ) _____	
<b>Name of Parent or Guardian</b> _____		
<b>Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Phone</b> (    ) _____		
<b>Camper Is:</b> CHILD                      FOSTER CHILD                      OTHER _____		
<b>Name of Person Completing Application (if Different From Parent or Guardian)</b>		
<b>Name</b> _____	<b>Title</b> _____	
<b>Organization</b> _____		
<b>Telephone</b> (    ) _____		<b>Ext</b> _____
<b>Name of Camp Child Will Attend</b> _____		
<b>Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Phone</b> (    ) _____	<b>Number of weeks attending:</b> _____	
<b>Cost of camp</b> \$ _____	<b>Amount requested from The Arc GC</b> \$ _____	

