

Montgomery County Chapter of the Autism Society of America

2005 Camp Scholarship Application

Date: _____

Name of Applicant: _____

Name of Parents/Guardian: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: Home: _____ Work: _____

e-Mail: _____

Member of MCASA: _____ of ASA: _____

Name of Camp: _____

Cost of Camp: _____

Type of Camp and How it will benefit the Applicant: _____

Documentation from the Camp for the Applicant is required. Checks will be sent to the Camp if a scholarship is awarded.

MCASA has a certain amount of money set aside for camp scholarships, members of MCASA get first preference.

Questions regarding this application should be directed to Liz Roth at 301-924-2211

Please return this application to: Mrs. Liz Roth
4125 Queen Mary Drive
Olney, Maryland 20832

Fax: 301-924-2222

MCASA does not endorse any camp the applicant assumes all responsibility at the camp.