



Date Received _____

Island Autism Group 2016 Request for Camp Funding & Request for After-School Programming

The Island Autism Group (IAG) invites you to apply for funding for summer camp or for after-school programming, such as swimming or horseback riding. We will only consider requests for summer camp or the activity itself. We are unable to take requests for funding of 1:1 aides. To apply, please fill out the information below and submit it, along with your child's IEP or a letter from your child's doctor recommending the activity, to the address above. You can also fill it out online and hit Submit Form in the upper right hand corner (but you will need to mail the requested documentation separately).

Name of Parent/Guardian: _____

Name of Child: _____

School: _____ Grade: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Name of Camp or Activity: _____

Dates of Attendance: _____

Cost per week: _____ No. of weeks: _____

Total Requested: _____

**An IEP or Doctor's recommendation must be submitted with application.*