



2025 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 camperships@mcbdd.org

**You will need to fill out a separate application for each individual.
Individuals with an I/O, Level One, or SELF waiver are not eligible for a campership.**

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) _____

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.