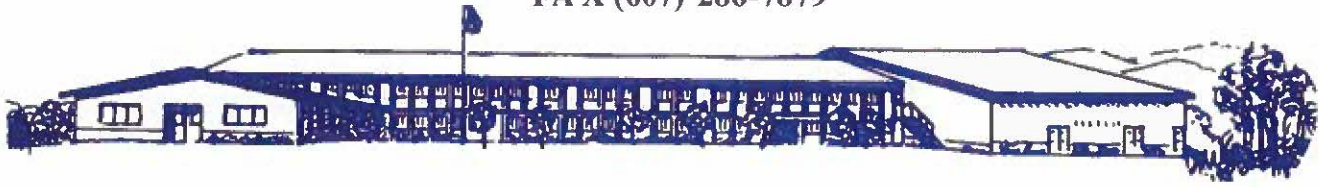


# Milford Central School

PO Box 237 • West Main Street  
Milford New York 13807-0237  
Telephone (607) 286-3341 or 3349  
FA X (607) 286-7879



May 5, 2023

Dear Parent or Guardian:

As a result of the funds that the school has received from the Federal American Rescue Plan (ARP) Funding, the district is excited to once again offer a program where we are able to provide partial reimbursement for the costs associated with attending a qualifying summer program/camp. The reimbursement will be limited to 50% of the cost of the camp/program up to a maximum of \$500. One application per student will be considered for reimbursement.

Attached is the Application for Reimbursement. The application must be approved by School Administration prior to attendance at the program/camp that reimbursement is being requested for. Applications must be submitted at least 2 weeks prior to the program/camp to the Business Office for approval and processing. The programs/camps that will be included in this reimbursement include academics, music, theater, and camps related to the STEAM Activities (Science, Technology, Engineering, Art and Math). Please see the application for further details.

If you have any questions related to this reimbursement program please feel free to contact me by phone at 607-286-7912. Thank you and have a great day.

Sincerely,

Marissa Christensen  
School Business Manager

**Milford Central School**  
**ARP Summer 2023 Learning and Enrichment Programs/Camps**  
**Application for Reimbursement**

As outlined in the MCSD ARP Summer Enrichment application for Federal Stimulus Funds, the district has allotted funds to reimburse a portion of the costs associated with attending a qualifying program/camp. The reimbursement will be limited to 50% of the cost of the camp/program up to a maximum of \$500. To qualify for reimbursement please note the following:

1. The application must be completed and approved by School Administration prior to attendance at the program/camp. To ensure adequate time for processing, applications are to be submitted at least 2 weeks prior to the program/camp.
2. Only those programs/camps meeting the criteria outlined below will qualify (see camp focus area below).
3. A copy of the completed program/camp registration form must be attached to this application.
4. After completion of the program/camp, proof must be provided to the Business Office of the following:
  - a. Proof of at least 80% attendance at the program/camp
  - b. Proof of payment for the program/camp
5. One application per student will be considered for reimbursement

Name of Student: \_\_\_\_\_

Name of Program/Camp: \_\_\_\_\_

Dates of Program/Camp: \_\_\_\_\_

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

Address of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number of Parent/Guardian: \_\_\_\_\_

Email address of Parent/Guardian: \_\_\_\_\_

This camp is focused on which of the following areas (please check at least one):

\_\_\_\_\_ Academics

\_\_\_\_\_ Music (vocal or instrumental)

\_\_\_\_\_ Theater

\_\_\_\_\_ STEAM activities (Science, Technology, Engineering, Art, Math)

Please provide a brief description of the educational benefits you believe will be achieved by attendance at this Learning and Enrichment program/camp (attach brochure if applicable):

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN FORM TO THE BUSINESS OFFICE

Date Application Received: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

FOR OFFICE USE ONLY:					
Account Code					
Amount			Int.		
/	/				
Date Entered			Int.		
/	/				
Date Audited			Int.		Check #