



SUMMER/DAY CAMP SCHOLARSHIP FORM

Parent or Guardian's Name(s): _____

Mailing Address: _____

City, State, Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Total Household Size _____ Household Annual Gross Income: _____

(Gross income is amount earned before taxes and deductions.)

Number of dependents: _____ Please include alimony, child support, social security, etc...
(Under the age of 18)

OVERNIGHT CAMP - Your children may qualify for a scholarship if your income falls within the limits on this chart.

Total Family Size	Annual Income Under	Award (per person)	Annual Income Under	Award (per person)
2	\$40,000.00	50.00%	\$50,000.00	35.00%
3	\$45,000.00	50.00%	\$55,000.00	35.00%
4	\$50,000.00	50.00%	\$60,000.00	35.00%
5	\$55,000.00	50.00%	\$65,000.00	35.00%
6+	\$60,000.00	50.00%	\$70,000.00	35.00%

Note: Maximum award for overnight camp is 50% of the camper fee not to exceed \$350

DAY CAMP - Your children may qualify for a scholarship if your income falls within the limits on this chart

Total Family Size	Annual Income Under	Award (per person)
2	\$30,000.00	Day Camp reduced to \$99
3	\$35,000.00	Day Camp reduced to \$99
4+	\$40,000.00	Day Camp reduced to \$99

Note: In an effort to reach more kids for Christ we have lowered the cost of Day Camp this year, as a result we are not able to issue scholarships that would lower the cost of Day Camp below \$99.

- Are there any specific circumstances that we should be aware of in considering your request?
- If you are a regular attendee of a church, we request that you inquire to see if there would be any funds to help you with your camp fee. Amount of Organization/Church contribution per camper. \$ _____
Name and address of Organization/Church _____
- To process your request for financial aid, we require a copy of your 2009 W-2 form(s).**
- Have you registered? Yes No
If no, a registration form and deposit is required for every camper. However, if for any reason you are denied a scholarship this deposit will be refunded to you in full. Payment plans are available through the "Parent Zone".

Campers Name(s)
1. _____
2. _____
3. _____
4. _____

FOR OFFICE USE		
Camp Tuition	Parent Contribution	Scholarship Amount
Date Confirmation Sent: _____		

It is our desire to be accountable to our Lord and be good stewards of the resources He has entrusted to us. We ask you to please sign this application stating you have a true financial hardship that would prevent your child (children) from attending camp without financial assistance.

Signature of Parent or Guardian (required) _____

Please complete and return to:
SpringHill Camps; Scholarships, PO Box 100 Evart, MI 49631 or fax to 866.332.5572
SpringHill Camps; Scholarships, 2221 W. State Road 258 Seymour IN, 47274 or fax to 812.497.0195