



## 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. 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 2011 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. \_\_\_\_\_

It is our desire to be good stewards of the resources God 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 Ewart, MI 49631 or fax to 866.332.5572 (Michigan)

SpringHill Camps; Scholarships, 2221 W. State Road 258 Seymour IN, 47274 or fax to 812.497.0195 (Indiana)