



2017 SUMMER OVERNIGHT FINANCIAL AID 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: \_\_\_\_\_

Number of dependents: \_\_\_\_\_  
(Under the age of 18)

Gross income is amount earned before taxes and deductions.  
**(Please include ALL income, child support, social security, etc.)**

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

Table with 5 columns: Total Family Size, Annual Income Under, Award (per person), Annual Income Under, Award (per person). Rows for family sizes 2 through 6+.

NOTE: Maximum award is 50% of the camper tuition not to exceed \$350 per camper and can be used only 1 time per summer

- 1. Please tell us why you would like to send your child to SpringHill Camps?
2. Are there any specific circumstances that we should be aware of in considering your request?
3. May we ask your camper about their camp experience toward the end of their week?
4. 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.
5. To process your request for financial aid, we require a copy of the first page of your current tax returns.

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 financial aid this deposit will be refunded to you in full. Payment plans are available.

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:

Michigan, Iowa & Wisconsin
FAX: 866.332.5572
MAIL: SpringHill, PO Box 100, Ewart MI 49631

Indiana, Illinois, Ohio & Kentucky
FAX: 812.497.0195
MAIL: SpringHill, 2221 W. State Road 258, Seymour IN 47274