



DAY CAMP 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: _____

Gross income is amount earned before taxes and deductions.

Number of dependents: _____

(Please include ALL income, child support, social security, etc.)

(Under the age of 18)

DAY CAMP - Your children 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 \$119
3	\$35,000.00	Day Camp reduced to \$119
4+	\$40,000.00	Day Camp reduced to \$119

Note: In an effort to reach more kids for Christ we are not able to issue financial aid that would lower the cost of Day Camp below \$119.

- Please tell us why you would like to send your child to SpringHill Camps?
- Are there any specific circumstances that we should be aware of in considering your request?
- May we ask your camper about their camp experience toward the end of their week? Yes _____
(their participation will help us secure funds for future financial aid) No Signature
- 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 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)

- _____
- _____
- _____
- _____

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:

FAX: 866.332.5572

MAIL: SpringHill, PO Box 100, Ewart MI 49631