



# Summer 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: \_\_\_\_\_

Gross income is amount earned before taxes and deductions.

(Under the age of 18)

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

Which financial aid are you applying for?  Overnight Camp  Day Camp

**OVERNIGHT 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)	Annual Income Under	Award (per person)
2	\$45,000	50.00%	\$55,000	35.00%
3	\$50,000	50.00%	\$60,000	35.00%
4	\$55,000	50.00%	\$65,000	35.00%
5	\$60,000	50.00%	\$70,000	35.00%
6+	\$65,000	50.00%	\$75,000	35.00%
Any	\$20,000	75.00%		

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

**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	\$40,000	Day Camp Reduced to \$139
3	\$45,000	Day Camp Reduced to \$139
4	\$50,000	Day Camp Reduced to \$139
5	\$55,000	Day Camp Reduced to \$139
6+	\$60,000	Day Camp Reduced to \$139

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 \$139.

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 the week?  Yes \_\_\_\_\_  
(their participation will help us secure funds for future scholarships)  No (Signature)

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. Amount of Organization/Church contribution per camper \$ \_\_\_\_\_  
Name and address of Organization/Church \_\_\_\_\_

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 in full. Payment plans are available.

Camper 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, PO Box 100, Evart, MI 49631