



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.

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

- 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 scholarships) 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:

Michigan and Indiana Overnight

FAX: 866.332.5572

MAIL: SpringHill, PO Box 100, Ewart MI 49631