

DISABILITY SERVICES RESOURCE CENTER
1820 N. TRUMBULL DRIVE, BAY CITY, MI 48708-5444
PHONE: 895-5444 FAX: 895-3917

APPLICATION FOR FINANCIAL AID TO ATTEND CAMP
APPLICATION DEADLINE IS MARCH 30TH

CAMPER NAME _____ PHONE _____

DISABILITY _____ BIRTH DATE _____

ADDRESS _____ ZIP _____

Name and monthly income of all household members (include camper) including wages, welfare, child support, alimony, pensions, retirement, social security, respite, FIA, SSI, workman's comp, unemployment benefits and all other sources. ***List only the camper's income if he/she is 18 or older.***

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Name of camp and dates attending _____

The cost of the camp session the camper is going to is \$ _____

I/my family will be able to pay \$ _____ of the deposit (at least 25% of total cost is required.) Call the office to arrange a payment plan if you cannot handle the full 25% deposit at one time.

ALSO COMPLETE PAGE 2 OF THIS FORM PLEASE.

Will the camper receive financial aid from any other source (such as grants, scholarships and other donations)? Yes or No (circle one) If yes, please list the source of aid and amount camper expects to receive.

_____ \$ _____

I am requesting \$ _____ in financial aid.

Any additional information that you feel would be helpful to the Fiscal Committee can be submitted along with this application.

Please note that each request will be handled on an individual basis. We will base each application in the order we receive it and the financial information provided. Also note that any attempt to falsify information will not be acceptable and that all future requests will be denied for that individual. In addition, no person shall be excluded from service because of race, religion, national origin or sexual preference.

I certify that the above information is true and correct and that all income is reported. Disability Services Resource Center may verify the information on this application.

Signed: _____
Parent/Guardian or Adult Camper

Date: _____

TO BE COMPLETED BY FISCAL COMMITTEE ONLY

COMMITTEE ACTION

_____ **Approved** **Amount \$** _____

Deposit from family \$ _____

_____ **Denied**

_____ **Other Action**

Comments: _____

Date _____

Fiscal Committee Chairman

Fiscal Committee Member

Executive Director