



SCHOLARSHIP REQUEST FORM

Please fill out application and send in to Camp Michawana

Parent/Guardian Name _____

Address _____ City, St., Zip _____

Preferred Phone _____ E-mail _____

Answer the following questions to the best of your ability.

1. Number of children in household? _____
2. Do you receive any agency support? _____
3. Please describe the need for a Camp scholarship:

4. What other sources of help are you able to apply for?
 - a. Church Name _____ Amount Paying _____
 - b. Relative Name _____ Amount Paying _____
 - c. Organization _____ Amount Paying _____

Scholarship Amount Requested:

One request form may be filled out per family. Please include each camper's name and calculate based on individual camp fees. Scholarship requests must be made at least 2 weeks before your child's camp start date.

	Camper Name	Camper Name	Camper Name
1. Enter the Camper's name	_____	_____	_____
2. Enter the Total Camp Cost	\$ _____	\$ _____	\$ _____
3. Subtract the required \$50 deposit	\$ <u>\$50.00</u>	\$ <u>\$50.00</u>	\$ <u>\$50.00</u>
4. Subtract the amount you are able to contribute	\$ _____	\$ _____	\$ _____
5. Subtract the amount from other sources	\$ _____	\$ _____	\$ _____
6. Enter the total scholarship amount requested from Camp Michawana	\$ _____	\$ _____	\$ _____
	Total Scholarship Amount Requested \$ _____		

Signature of Parent or Guardian (required) _____ Date _____

Please mail to Camp Michawana 5800 Head Lake Rd Hastings, MI 49058. Call with questions 269-623-5168

For Office Use:

Executive Director Approval _____ Date _____

Scholarship Amount Given \$ _____ Notified Parent/Guardian (date) _____