



For-Mar Nature Day Camp Scholarship Assistance Form

(Fill out ONE form per family—please print)

Application Form Due: May 24, 2024

Application Procedure:

1. Complete **ALL** sections on both sides of this form.
2. **Submit a copy of the first 2 pages of your 2022 or 2023 Federal Tax Form (1040) with the application. If parent is not required to file taxes, please provide IRS verification letter, by calling 1-800-829-1040 OR www.irs.gov/individuals/get-transcript**
3. Provide a copy of primary parents Driver's License or State ID.
4. Unpaid balances with the Genesee County Parks must be paid in full.
5. Applications will be accepted by email to parkswebteam@gcp.org or in person to be dropped off at the Parks Administration Building at 5045 Stanley Rd. Flint. MI 48506.

Parent or Guardian's Name: _____

Spouse/Other Adult Name: _____

ADDRESS _____
Street (Including house #) City Zip

TELEPHONE _____ E-MAIL _____

Place of Employment for parent/guardian: _____

Place of Employment for spouse/other: _____

1. Number in your household _____
2. Number of campers planning on attending camp _____

Monthly Employment Income:

Applicant's Monthly Employment Income: \$ _____

Spouse/Other Adult Monthly Employment Income: \$ _____

Unemployment: \$ _____

Child Support: \$ _____ Alimony: \$ _____

Disability: \$ _____ SSI: \$ _____

SNAP: \$ _____ WIC: \$ _____

AFDC: \$ _____ Other: \$ _____

Total Income: (for office purposes only) _____

Guideline for low income: <https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf>

Please note: Camp availability is based on a lottery system. To be considered for a scholarship, both the scholarship form and registration form must be turned in. The scholarship application form will be accepted from **May 13-24, 2024**. Scholarship decisions will be made by **June 3, 2024** and you will be contacted upon approval.

Camp week availability is **NOT GUARANTEED**.

For-Mar Nature Day Camp registration opened on April 22, 2024.

LIST EACH CAMPER'S FIRST AND LAST NAME	GRADE	PLEASE CIRCLE THE WEEK(S) OF CAMP CAMPER(S) ARE INTERESTED IN ATTENDING						SCHOLARSHIP AMOUNT REQUESTED
		1	2	3	4	5	6	\$
		1	2	3	4	5	6	\$
		1	2	3	4	5	6	\$
		1	2	3	4	5	6	\$
		1	2	3	4	5	6	\$
		1	2	3	4	5	6	\$

Are there any other circumstances that affect your ability to pay for camp? Please provide as much detail as possible, including dollar amounts or any documentation you feel would be helpful.

1. The Genesee County Parks does not discriminate with regard to race, religion, height, weight, sex, marital status, familial status, creed, color, handicap, age, or national origin.
2. Extenuating circumstances affecting living expenses (i.e., medical expenses, debt, etc.) will also be considered.
3. By signing this application, I certify the information I have provided is true and complete.

Applicant Name: (Print) _____ Applicant Signature: _____ Date: _____

For Office Use Only

Approved Amount _____ Denied Reason: _____

Camp Admin Signature: _____ Date: _____

Contacted by : _____ Date: _____

Entered in RecTrac by: _____ Date: _____