



# For-Mar Nature Day Camp 2025 Scholarship Assistance Application Form

\*This form will be accepted as long as funds remain available.

## Application Procedure Requirements: (Fill out ONE form per family—please print)

1. Fill out a For-Mar Nature Day Camp Application for each child.
2. Complete **ALL** sections on both sides of this Scholarship form.
3. **Submit a copy of the first 2 pages of your 2023 or 2024 Federal Tax Form (1040) with the application. If parent/guardian is not required to file taxes, please provide IRS verification letter, by calling 1-800-829-1040 OR [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript)**
4. Provide a front and back side copy of the Parent/Guardian Driver's License or State ID.
5. Any unpaid balances with the Genesee County Parks must be paid in full.
6. Applications will be accepted by email to [parkswebteam@gcparks.org](mailto:parkswebteam@gcparks.org) , OR can be mailed/dropped off in person to the Parks Administration Building at 5045 Stanley Rd. Flint. MI 48506.

Camper(s) Names: \_\_\_\_\_

Parent or Guardian Name 1: \_\_\_\_\_

Parent or Guardian Name 2: \_\_\_\_\_

Household Address: \_\_\_\_\_  
City Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment for Parent/Guardian 1: \_\_\_\_\_

Place of Employment for Parent/Guardian 2: \_\_\_\_\_

1. Number of people living in your household: \_\_\_\_\_

2. Number of campers planning on attending camp: \_\_\_\_\_

## Monthly Employment Income:

Parent or Guardian's Name 1 – Total Monthly Employment Income: \$ \_\_\_\_\_

Parent or Guardian's Name 2 – Total Monthly Employment Income: \$ \_\_\_\_\_

## Other Family Income:

Unemployment: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Disability: \$ \_\_\_\_\_

SNAP: \$ \_\_\_\_\_

AFDC: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

SSI: \$ \_\_\_\_\_

WIC: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Monthly Income: (for office purposes only) \_\_\_\_\_

**Please note:**

- Camp availability is based on a lottery system.
- To be considered for a scholarship, **the Scholarship Application Form, and the Enrollment Form** must be turned in, and ALL of the required documents listed on the front.
- Scholarship Applications will be accepted **March 1 - 15, 2025**.
- Additional Scholarships could be granted afterwards, as long as funds remain available.
- Scholarship decisions will be made after **March 15, 2025** and you will be contacted.
- Camp week availability is **NOT GUARANTEED**.
- **For-Mar Nature Day Camp 2025 registration opens for the public April 1, 2025.**

LIST EACH CAMPER'S FIRST AND LAST NAME	CAMPER BIRTHDATE (MM/DD/YYYY)	PLEASE CIRCLE THE WEEK(S) OF CAMP EACH CAMPER IS INTERESTED IN ATTENDING										
		1	2	3	4	5	6	7	8	ALL		
		1	2	3	4	5	6	7	8	ALL		
		1	2	3	4	5	6	7	8	ALL		
		1	2	3	4	5	6	7	8	ALL		
		1	2	3	4	5	6	7	8	ALL		

Are there any other special 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.

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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 on this form is true and complete.

Parent/Guardian Name 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Name 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
<input type="checkbox"/> Approved Amount _____	<input type="checkbox"/> Denied Reason: _____
Camp Admin Signature: _____	Date: _____
Contacted by: _____	Date: _____
Entered in RecTrac by: _____	Date: _____

