



For-Mar Nature Day Camp 2026 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 clearly)

1. Complete **ALL** sections on both sides of this Scholarship form.
2. **Submit a copy of the first 2 pages of your 2024 or 2025 Federal Tax Form (1040). 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**
3. Provide a front and back side copy of the Parent/Guardian Driver's License or State ID.
4. Applications will be accepted by email to formarcamp@gcparks.org, OR mailed/dropped off in person to the Parks Administration Building at 5045 Stanley Rd. Flint. MI 48506.
5. If Camp Registration fees are not covered in full, the remaining balance will be due 3 weeks prior to the start of that camp week. Failure will result in automatic forfeiture of camp spot and scholarship assistance for that week.

Camper(s) Name(s): _____

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 ALL of the required documents listed on the front must be turned in.
- Scholarship Applications will be accepted **March 1 - 15, 2026**.
- Additional Scholarships could be granted afterwards, as long as funds remain available.
- Scholarship decisions will be made after **March 15, 2026** and you will be contacted.
- Camp week availability is **NOT GUARANTEED**.
- **For-Mar Nature Day Camp 2026 registration opens to the public April 1, 2026.**

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
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> ALL
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> ALL
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> ALL
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> ALL
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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.

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: _____

For Office Use Only

Approved Amount _____ Denied Reason: _____

Camp Admin Signature: _____ Date: _____

Contacted by: _____ Date: _____

Entered in RecTrac by: _____ Date: _____



Camp Scholarships have been funded by the Friends of For-Mar Foundation and public donations.

