



Washtenaw County Parks & Recreation Commission Day Camp Scholarship Application

Camp scholarships are available to families who are permanent residents of Washtenaw County. Scholarships are not available to families residing in Washtenaw County with a student or tourist visa. Qualified applicants will receive a one-week scholarship. A limited number of scholarships are available. Scholarships will be limited to one per child, and two per family. Applications will not be accepted prior to March 1st each year.

CAMP LOCATION

Please rank camp location (1: most preferred, 3: least preferred). If there is a location you have no interest in receiving scholarship funds for, please leave it blank.

Independence Lake Park 3200 Jennings Rd. Whitmore Lake, MI 48189	<u>RANK</u>	Rolling Hills Park 7660 Stony Creek Rd. Ypsilanti, MI 48197	<u>RANK</u>	Meri Lou Murray Recreation Center 2960 Platt Rd Ann Arbor, MI 48104	<u>RANK</u>
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CAMPER INFORMATION

Child's Name	Date of Birth	Gender
Street Address	City	Zip Code
Parent/Guardian Name	1 st Phone Number	2 nd Phone Number
Is the applicant child physically, mentally, or emotionally impaired? Circle one: <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div>	If yes, please describe special needs and limitations, which should be considered in selecting the appropriate camp program:	

HOUSEHOLD INFORMATION

Please list EVERYONE who lives in your household

Name	Relationship	Gender	Age
1.			
2.			
3.			
4.			

Continue on back if needed

FAMILY FINANCIAL SITUATION

Total Family Income (before deductions): Include wages of all working members, tuition, housing allowances, welfare, pension, social security, scholarships and child support payments.

Total Income Amount per Month _____

Please describe any unusual financial problems (use additional paper if necessary)

****Attach a copy of the previous year's IRS U.S. Individual Income Tax Return – Form 1040****

By signing below, I give permission to WCPARC to contact employers, social service agencies, etc. to verify this information. I understand that misrepresentation of information may cause the application to be denied. I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

Independence Lake Park Office: 734-449-4437 Fax:734-449-8507

Rolling Hills Park Office:734-484-9676 Fax:734-484-9703

Meri Lou Murray Recreation Center Office: 734-971-6355 Fax: 734-971-2094

HOUSEHOLD INFORMATION CONTINUED

Please list EVERYONE who lives in your household

Name	Relationship	Gender	Age
5.			
6.			
7.			
8.			