



CAMP CHICKAGAMI

Please return this form:

By Mail | Camp Chickagami, ATT: Scholarship App | 924 N. Niagara Street | Saginaw, MI | 48602

By Email | mbade@eastmich.org

All applications for financial assistance must be received by July 1st.

The opportunity to attend summer camp is an experience that should be readily available to all children - with that being said, no child will be turned away from Camp Chickagami due to lack of funds. We ask that you prayerfully consider the amount of scholarship money you need for your camper to attend.

All families are required to submit a deposit of \$50 to secure their child's session. Families are encouraged to seek additional financial support from their home congregation and other sources before completing this application. Congregations are asked to support at least half of the camp fees.

In addition, the child's priest, pastor, youth minister, school principal or other certified professional must support the application.

IF YOU HAVE NOT YET REGISTERED YOUR CHILD, PLEASE DO SO PRIOR TO COMPLETING THIS FORM.

Camper's Name: -----	Camper's Grade (for Fall of 2018): -----
Returning Camper?	____ YES ____ NO
If yes, has the camper received financial assistance from Camp Chickagami before?	____ YES ____ NO
Does the camper's parent or guardian currently serve in the military?	____ YES ____ NO
Does your household income qualify within the Federal Poverty Level for 2018?	____ YES ____ NO

Desired camp session(s):

<input checked="" type="checkbox"/>	Session Name:	Session Dates:	Session Age Range:
	Family Camp	June 27-30	All ages
	Middle Camp	July 8-14	Grades 6-8
	Intermediate Camp	July 15-21	Grades 4-7
	Trip Camp	July 15-21	Grades 8-11
	Junior Camp	July 22-28	Grades 3-5
	Counselors-In-Training	July 22-28	Grades 10-11
	Senior Camp	July 29-August 4	Grades 8-11



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Why are you seeking financial assistance for Camp Chickagami? (use back of page if necessary)

What amount can you pay towards your child's camp? Please note, that we also have payment plans that we can set up if immediate payment is out of the question but you anticipate being able to pay more at a later date. Our family can contribute \$_____ towards our child's camp.

Have you sought other financial assistance for attendance at Camp Chickagami this summer?

___ YES ___ NO

If yes, list source, contact name and number and amount awarded (or anticipated)

Family Information:

Parent/Guardian's Names:	
Address:	
Daytime Telephone #:	
Email address:	
# of children supported by household (total):	
# of children supported by household attending camp:	

By signing below, I attest that it would place a financial hardship on my family to pay full camp tuition for my child to attend Camp Chickagami.

Parent/Guardian Signature _____ Date _____



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*****THIS SECTION IS REQUIRED*****

All families are required to submit a deposit of \$50 to secure their child's session. Families are encouraged to seek additional support from their home congregation and other sources before completing this application for assistance. **Congregations are asked to support at least half of the camp fees.**

By signing below, I support the application for financial aid for the above listed camper to attend Camp Chickagami and believe that it would be a financial burden on the family to pay full camp tuition (\$350).

Printed Name of Priest, Pastor, Youth Minister, School Principal or other certified professional:

_____ **Organization:** _____

Telephone Number _____ **Email** _____

Signature _____ **Date** _____

WE (ORGANIZATION NAMED ABOVE) WILL SUPPORT THIS CHILD'S TUITION BY PAYING \$_____ TOWARDS THEIR CAMP FEES.

**MORE INFORMATION ABOUT CAMP CHICKAGAMI CAN BE FOUND HERE:
WWW.CAMPCHICKAGAMI.ORG**

Questions? Contact Executive Director, McKenzie Bade at 877-752-6020 or mbade@eastmich.org