



CAMP CHICKAGAMI

SCHOLARSHIP REQUEST FORM

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

YOU CAN SUBMIT THIS FORM IN THE FOLLOWING WAYS:

VIA EMAIL: bookkeeper@campchickagami.org

VIA FAX: 989-752-6120

VIA SNAIL MAIL: Camp Chickagami, 924 N Niagara St, Saginaw, MI, 48602

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 child to attend.

All families are required to pay 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 1/2 of the camp fees.

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

CHILD'S NAME: _____

CHILD'S GRADE (FOR UPCOMING FALL): _____

RETURNING CAMPER?	_____ YES _____ NO
IF YES, HAS THE CHILD RECEIVED FINANCIAL ASSISTANCE FROM CAMP CHICKAGAMI BEFORE?	_____ YES _____ NO
DOES THE CHILD'S PARENT OR GUARDIAN CURRENTLY SERVE IN THE MILITARY?	_____ YES _____ NO
DOES YOUR HOUSEHOLD INCOME QUALIFY WITHIN THE FEDERAL POVERTY LEVEL FOR THE CURRENT YEAR?	_____ YES _____ NO

CAMP SESSIONS

<input checked="" type="checkbox"/>	SESSION NAME	<input checked="" type="checkbox"/>	SESSION NAME
	FAMILY CAMP		JUNIOR CAMP
	MIDDLE CAMP		COUNSELORS-IN-TRAINING
	INTERMEDIATE CAMP		SENIOR CAMP
	TRIP CAMP		



WHY ARE YOU SEEKING FINANCIAL ASSISTANCE FOR CAMP CHICKAGAMI? (USE BACK OF PAGE IF NECESSARY)

WHAT AMOUNT CAN YOU PAY TOWARD YOUR CHILD'S CAMP?

OUR FAMILY CAN CONTRIBUTE \$ _____ TOWARD OUR CHILD'S CAMP FEES.

PLEASE NOTE: CAMP CHICKAGAMI HAS PAYMENT PLANS THAT CAN BE SET UP IF IMMEDIATE PAYMENT IS OUT OF THE QUESTION, BUT YOU ANTICIPATE BEING ABLE TO PAY MORE AT A LATER DATE.

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 NAME	
ADDRESS	
DAYTIME PHONE #	
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 OUR FAMILY TO PAY FULL CAMP TUITION FOR MY CHILD TO ATTEND CAMP CHICKAGAMI.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



CAMP CHICKAGAMI

SCHOLARSHIP REQUEST FORM

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

All families are required to submit a deposit of \$50 to secure their child's session at Camp Chickagami. 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 1/2 of the camp fees.**

By signing below, I support the application for financial aid for the above listed child 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 Administrator, or other certified professional:

Organization: _____ Phone Number: _____

Email Address: _____

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 MBADE@EASTMICH.ORG

----- **OFFICE USE ONLY** -----

1) REVIEW APP/VERIFY REGISTRATION		3) APPLY FUNDING		5) APPLY CHURCH SPONSORSHIP (IF ACCOUNT EXISTS) - CREATE ACCOUNT IF ONE DOES NOT EXIST	
2) VERIFY ALTERNATE FUNDING SOURCE AMOUNT (IF NOT LISTED)		4) SEND NOTIFICATION EMAIL		6) SEND LOG-IN/PAYMENT INFO TO SPONSORING CHURCH/ORGANIZATION	