

4-H Camp Kidwell

Summer Camp 2012

Application for Scholarship Assistance

Please complete **one form per family!** Please list any children who desire a scholarship to attend camp in the "Who wants to attend Camp" section and list EVERYONE in the family in the "Income" section. Information shared on this form will only be used to determine eligibility for scholarship assistance, and to verify that the information given is correct.

WHO WANTS TO ATTEND CAMP: List the children who want to attend camp here.

<u>Name</u>	<u>Age</u>	<u>Week of Camp</u>

GROSS INCOME: List ALL family members, including children and their income on a MONTHLY basis. Please include ALL family member living in your home, even if their income is \$0

Name <small>(list everyone in household including children)</small>	Work earnings before deductions	Welfare, Child support, Alimony	Pension, retirement, Social Security	Other	Check if NO income is received
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

PARENT OR GUARDIAN INFORMATION AND AGREEMENT:

Parent/Guardian name		Home phone	
Address	County	Secondary Phone	
City	Zip Code	Email address	

I certify that all information on this application is true and that all income is reported. I understand that Camp Kidwell gets funding from various sources based on the information I give. I understand that Camp Kidwell officials may verify (check) the information. I understand that if I purposely give false information, my child may lose scholarship assistance and I may be prosecuted.

Sign Here: X _____
(Signature of adult Household member)

The completed form should be return to: Camp Kidwell 39000 1st Ave, Bloomingdale, MI 49026

For staff use only

Total household size: ____ Monthly Income: \$____ Eligibility: ____ Half ____ Full ____ Denied ____ Reason for Denial: ____ Income too High ____ Incomplete Application ____ Other (specify) ____ Date complete: _____ Person Completing: _____

"In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382(TTD). USDA is an equal opportunity provider and employer."