

# Kellogg Bird Sanctuary

## CONFIDENTIAL Camp Scholarship Application



### Please Read Carefully

1. Use only one camp scholarship form per family. Camper scholarships apply to one program per child per season.
2. Only camp scholarship forms filled out completely and accompanied by requested materials will be considered.
3. Financial assistance is for a one-year period. A new application must be completed each year.
4. All forms must be signed.
5. Financial assistance of 20%, 40% 60% 80% of a camp program for each child is determined by the financial need or extenuating circumstances that have affected the family.
6. Mail this form back to Kellogg Bird Sanctuary 12685 East C Ave. Augusta, MI 49012
7. You may make photocopies of this form if needed.

Date: \_\_\_\_\_

Parent/ Guardian applying for assistance:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

How many people (dependents or other) are living in this residence? \_\_\_\_\_

Applicant's employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_ full time \_\_\_\_ part time \_\_\_\_ self employed \_\_\_\_ Seasonal work \_\_\_\_ Unemployed Hours per week \_\_\_\_\_

Spouse/ Other Person's employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_ full time \_\_\_\_ part time \_\_\_\_ self employed \_\_\_\_ Seasonal work \_\_\_\_ Unemployed Hours per week \_\_\_\_\_

Current Annual Household Income: \_\_\_\_\_ / Year (includes alimony, disability etc.)  
(Must attach documentation in support of all income)

Check if you receive the following: \_\_\_\_ Food Stamps \_\_\_\_ WIC \_\_\_\_ Free School Lunch \_\_\_\_ Reduced School Lunch

Was your family nominated by a teacher or community group? Yes / No Please List: \_\_\_\_\_

Which child or children are you interested in enrolling in our Summer Camp?

Please take some time to explain what other reasons your child/ren should receive a scholarship to the Kellogg Bird Sanctuary's Camp Program (feel free to use back or attach additional pages as necessary)

I declare that all information on this form is true and accurate. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to: Camp Scholarship, Kellogg Bird Sanctuary, 12685 East C Ave. Augusta, MI 49012

Received \_\_\_\_\_  
Award % \_\_\_\_\_