

DISABILITY SERVICES RESOURCE CENTER
1820 N. TRUMBULL DRIVE, BAY CITY, MI 48708-5444
PHONE: 895-5444 FAX: 895-3917

APPLICATION FOR FINANCIAL AID TO ATTEND CAMP - Bay County Residents Only

Call DSRC for Application Deadline

CAMPER NAME: _____ PHONE: _____

DISABILITY: _____ BIRTH DATE: _____

ADDRESS: _____ CITY & ZIP: _____

DOES CAMPER RESIDE IN A GROUP HOME – YES OR NO? _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____ CITY & ZIP: _____

List the name(s) and monthly income of **all** household members (include camper) including wages, welfare, child support, alimony, pensions, retirement, social security, respite, FIA, SSI, workman's comp, unemployment benefits and all other sources. ***List only the camper's income if he/she is 18 or older and maintains his/her own household at an address separate from his/her parent(s)guardian(s).***

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Name of Camp: _____ **Dates attending:** _____

Amount of Camp Session: \$ _____

How did you and/or your family members support Disability Services Resource Center over the past year? (List all fundraising events that you attended or contributed to)

ALSO COMPLETE THE BACK OF THIS FORM PLEASE.

Have you or your child received camp funding from DSRC in the past – yes or no? _____ If so, when and how much? Please list dates and amount of sponsorship: _____

The Board of Directors of Disability Services Resource Center is pleased to help as many individuals as possible attend camp. Following your camp session a short report or thank you note about your camp experience is expected to be sent to the **Board of Directors at Disability Services Resource Center**. Failure to send a report **will** jeopardize future financial aid.

This is not an option.

_____ (Please sign) I/we understand that part of the financial aid process for camp is to submit a brief report/thank you on the camp experience, following the camp session.

_____ (Please sign) I/we understand that participating in DSRC fundraising events is mandatory for receiving continued camp sponsorships. Your participation in fundraising events helps us help you!

Please note that each request will be handled on a **FIRST COME, FIRST SERVED** basis. If you sent your thank you note last year **and** participated in fundraising events, your application will move to the top of the funding list. We will fund as many requests as possible providing each applicant meets/met eligibility. Also note that any attempt to falsify information will not be acceptable and that all future requests will be denied for that individual. In addition, no person shall be excluded from service because of race, religion, national origin or sexual preference.

I certify that the above information is true and correct and that all income is reported. Disability Services Resource Center may verify the information on this application.

Signed: _____
Parent/Guardian or Adult Camper

Date: _____

IMPORTANT: Please be advised that the amount of a campership will vary depending on need and based on your past participation with DSRC. This unfortunately results in funding only eligible applications returned by the deadline. Thank you for your understanding in this matter.