

DISABILITY SERVICES RESOURCE CENTER



-Serving People With Disabilities Since 1933-

DISABILITY SERVICES RESOURCE CENTER
1820 N. Trumbull Drive, Bay City, MI 48708
PHONE: 989-895-5444 FAX: 989-895-3917

Campership Scholarship Application to Attend NON-DSRC Camps IN MICHIGAN

**** Bay County Residents Only ****

CAMPER'S NAME: _____ PHONE: _____

DISABILITY: _____ BIRTH DATE: _____

ADDRESS: _____ CITY & ZIP: _____

EMAIL: _____

DOES THE CAMPER RESIDE IN A GROUP HOME? (YES/NO) _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____ CITY & ZIP: _____

EMAIL: _____

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:** \$ _____

Has the camper already registered for the camp? (YES/NO) _____

If YES, was a deposit needed? (YES/NO) _____ If YES, how much was paid? \$ _____

Campership Scholarship Amount Requested from Camper: \$ _____

ALSO COMPLETE PAGE 2 OF THIS FORM

How/where did you hear about this campership opportunity? _____

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, and/or what other ways you helped DSRC):

If you are new to DSRC and are looking for ways to meet the Campership Scholarship requirement, please contact us by email to dsrbc@gmail.com or call 989-895-5444.

Have you or your child received camp funding from DSRC in the past? (YES/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 about your camp experience and a thank you note is expected to be sent to the **Board of Directors at Disability Services Resource Center**. Failure to send a report **will** jeopardize scholarship. ***This is not optional.***

_____(Please sign) I/we understand that part of the Campership Scholarship process is to submit a brief report on the camp experience with a thank you note following participation at the camp session.

_____(Please sign) I/we understand that participating in DSRC fundraising events and/or assisted with DSRC activities is mandatory for receiving continued Campership Scholarships. Your participation in fundraising events helps us help you!

Please note that each request will be handled on a **FIRST COME, FIRST SERVED** basis. We will fund as many requests as possible providing 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 disability, 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 has the right to verify the information on this application.

Signed: _____

Date: _____

Parent/Guardian or Adult Camper

IMPORTANT: Please be advised that the amount of a Campership Scholarship will vary depending on available funding, need, and based on your participation with DSRC. This, unfortunately, results in DSRC's consideration of funding only eligible applications. Thank you for your understanding in this matter.