



# Ottawa County Parks Summer Camp Scholarship Application

## PART 1: Contact Information for Parent/Guardian Applying for Assistance

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of people living at this residence: \_\_\_\_\_

Current Household Income: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Spouse / Other Person's Employer: \_\_\_\_\_

Work Status (select one):

Full-time  Part-time  Self-employed  Seasonal Work  Unemployed

Spouse / Other Person's Work Status (select one):

Full-time  Part-time  Self-employed  Seasonal Work  Unemployed

Check if you are eligible for the following:

SNAP  WIC  Free School Lunch  Reduced School Lunch

## PART 2: Camper Information

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's Race/Ethnicity: \_\_\_\_\_

Child's primary living environment (select one):

Urban  Suburban  Rural



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## PART 3: Assistance Desired

Please select the percentage of your child's camp that YOU can afford:

- 0%    25%    50%

Please explain why your child would benefit from a scholarship to an Ottawa County Park Summer Camp Session: Briefly explain your financial situation and why you are requesting a scholarship to Ottawa County Summer camp:

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.

Furthermore, I understand that my campership application will not be processed until I provide Ottawa County Parks and Recreation copies of either my most recent Tax Return or of all applicable W2s and 1099s.

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

## Questions?

Contact the Nature Education Center: (616) 786-4847.

## Application submission

This application and household income documentation should be sent to: Kristen Hintz, Coordinator of Interpretive Service.

- Mail:  
Hemlock Crossing Nature Education Center  
8115 West Olive Road, West Olive, MI 49460
- Fax: 616-786-4821 Re: Campership Application
- Scan and Email: [ocparks@miottawa.org](mailto:ocparks@miottawa.org) RE: Campership Application