



Howell Nature Center
2019 Tuition Assistance Program/Application

Dear Family,

At the Howell Nature Center's Camp Wonder, we believe every child deserves the opportunity to experience the joys of summer camp and to connect with nature. With this goal in mind, the Howell Nature Center provides scholarships for families in need of financial assistance and is awarded on a first come basis. Multiple children from a household may be awarded a scholarship. All scholarships will be reviewed in the order they are received, and notification of acceptance will be emailed/phoned to you.

As a nonprofit organization, the Howell Nature Center receives community support for our scholarship program. Since camp has become so popular and scholarship funds are capped, we do ask our families to pay a "Fair Portion" contribution toward the total camp fee to provide camp for as many kids as possible. The amount of the scholarship request is at the discretion of each family.

Tuition Assistance Guidelines:

1. **Be a Michigan resident.**
2. **Provide a basis of financial need due to low/no income, excessive medical expenses, hardships, etc.**
3. **Provide a copy of your previous year's tax forms and/or proof of income.**
4. **Share in your own words why you want your child to attend camp.**
5. **Be willing to contribute a 'Fair Portion' of total camp cost.**
6. **Return scholarship application with a minimum \$50 deposit. (*This amount will be put towards your 'fair portion' amount if selected for a scholarship, or will be refunded if scholarship is not awarded.*)**

Billing Information:

Upon acceptance, you will be notified by phone or email. You have the option of installments to assist in spreading out overall fees (or) you can pay in full. Total fees are due by June 1, 2019.

Camper Information:

Camper's Name: _____
Birthday: _____ Age: _____ Grade Entering Fall 2019: _____
Address: _____ City: _____ State: MI Zip: _____
Phone 1: _____ Phone 2: _____

Camper Lives With:

- Mother & Father
- Mother
- Father
- Other (Please specify: Parent/Guardian Name: _____)

1) Parent/Guardian Name: _____ **Email:** _____

Parent/Guardian Employment:

Employer: _____
Occupation: _____
Address: _____
Spouse's Employer: _____
Occupation: _____
Address: _____

2) Parent/Guardian Name: _____ Email: _____

Parent/Guardian Employment:

Employer: _____

Occupation: _____

Address: _____

Spouse's Employer: _____

Occupation: _____

Address: _____

Day Camp Week Choices (please refer to Camp Wonder Summer Camp Guide for specifics):

First Choice: _____ Second Choice: _____ Third Choice: _____

Week/Session: _____ Week/Session: _____ Week/Session: _____

Financial Information:

Total Household Monthly Income: \$ _____

If you receive State/Federal Aid (food stamps, medical aid, etc.) please list:

List any extraordinary expenses:

Have you ever received aid from the Howell Nature Center? YES NO

TO BE COMPLETED BY PARENT: Please share in your own words, why you would like your child to attend Camp this summer and please share your explanation of need: _____

Fair Portion of Total Camp Cost: (PLEASE DO NOT LEAVE BLANK)

Due to the Howell Nature Center utilizing community support and the high demand for assistance, every applicant is asked to pay a fair portion of their camp experience. Please indicate the fair portion you will be able to contribute to the overall camp fee for each child you would like to register: \$ _____ .

The information I have provided on this form is correct to the best of my knowledge.

Applicant's Name (Printed) _____

Applicant's Signature _____ Date _____

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Date Received _____ Accepted Denied Incomplete Application

Week/Session Accepted for: _____ Amount Requested: \$ _____ Amount Granted: \$ _____

Amount Billing: \$ _____ Director's Signature Date: _____