



ORION AREA YOUTH ASSISTANCE

2024 Camp Scholarship Application

This entire application with signature must be completed for your child to be considered for a camp scholarship. Scholarships will be filled on a first come, first serve basis this year.

RETURN THIS APPLICATION TO:

Fax: (248) 693-1494
 Email: oaya@lok12.org
 Mailing: 455 E Scripps, Room 8
 Lake Orion, MI 48360

If you are unable to return via these methods, please contact us at (248) 693-6878 to make alternative arrangements.

PLEASE PRINT CLEARLY

Child must reside within the Lake Orion Community School District boundaries.

(Students who reside outside of the district boundaries, but attend Lake Orion Schools will be accepted on a case by case basis. Please contact OAYA prior to completing application.)

Interested in (please select one): Day Camp Overnight Camp

Child's Name _____ Gender _____ Age _____ Pronouns _____

Address _____
Street City Zip

Home Phone _____ Cell Phone _____ Child's Date of Birth _____

School _____ Present Grade _____

Parent/Guardian _____ Work Phone _____

2nd Parent/Guardian _____ Work Phone _____

Address _____
Street City Zip

Email Address _____ I do not wish to be added to event mailing list

Alternate Contact Name & Phone _____

Child is living with (check one): Single Parent Both Parents Parent & Stepparent
 Guardian Foster Parent Other

Other children living in the same household:

First and Last Name of Child	Boy/Girl	Date of Birth	Age
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____

The following guidelines are provided to help determine if your child meets our criteria. If your total household income **exceeds our income guidelines** and there are extenuating circumstances that contribute to financial need, please complete section B as well.

<i>Total Family Size (Adults + Children)</i>	Total Household Income
<i>2 People</i>	Less than \$43,950
<i>3 People</i>	Less than \$49,450
<i>4 People</i>	Less than \$54,900
<i>5 People</i>	Less than \$59,300
<i>6 People</i>	Less than \$63,700
<i>7 People</i>	Less than \$68,100
<i>8+ People</i>	Less than \$72,500

Section A:

Number of Adults _____ + Number of Children in Household: _____ = Total Family Size: _____

What is your TOTAL Annual Household Income?

Please include payments from child support, social assistance, disability, unemployment, etc.

- less than \$43,950
 \$43,951-\$49,450
 \$49,451-\$54,900
 \$54,901-\$59,300
 \$59,301-\$63,700
 \$63,701-\$68,100
 \$68,101-\$72,500
 over \$72,500 _____

Sources of Income (Please check all applicable boxes):

- Wages
 AFDC
 Welfare
 Social Security
 Other _____

Section B:

Has your family gone through any recent changes which have impacted your household income (change in employment, return to school, adult child returning home, unexpected medical expenses, etc.)?

Please describe the cost of any **additional** financial obligations to consider (ie. \$200/month for prescription medications).

Please describe your child: _____

Please list your child's interests/hobbies: _____

Does your child have any behavior considerations that might cause concern while at camp? _____

Please list any medical concerns that might affect your child's participation in camp activities? _____

Why do you feel attending camp would be beneficial for your child? _____

Camp(s) of interest: _____

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only

Date Received:

Date Processed:

Date Notified:

Additional Notes: