



# 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 \_\_\_\_\_

2<sup>nd</sup> 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.

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

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

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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: