



KIDS CAMP SCHOLARSHIP APPLICATION
PARKS & RECREATION DEPARTMENT
 200 N. FOSTER AVENUE, LANSING, MI 48912
 TELEPHONE: 517-483-4277

WARD # _____

PARTICIPANT'S NAME _____ AGE _____ DATE OF BIRTH _____ PHONE _____
 PARENT (S) / GUARDIAN (S) NAME _____ NUMBER OF PERSONS IN HOUSEHOLD _____

ADDRESS _____ ZIP _____
 MUST BE A CITY OF LANSING RESIDENT WHO MEETS THE FEDERAL HOUSING AND URBAN DEVELOPMENT LOW INCOME GUIDELINES FOR THE LANSING AREA.

PHONE (home) _____ (work) _____ (cell) _____

HOUSEHOLD GROSS INCOME FOR LAST YEAR \$ _____
 HOUSEHOLD MONTHLY GROSS INCOME NOW \$ _____
 HOUSEHOLD INCOME INCLUDES ALL INDIVIDUALS LIVING IN HOUSEHOLD

Scholarships CAN NOT exceed \$40 per child per term

KIDS CAMP		Activity Fee	Contribution	Scholarship	KIDS CAMP		Activity Fee	Contribution	Scholarship
Week 1	Before Care	\$ _____	\$ _____	\$ _____	Week 5	Before Care	\$ _____	\$ _____	\$ _____
	After Care	\$ _____	\$ _____	\$ _____		After Care	\$ _____	\$ _____	\$ _____
Week 2	Before Care	\$ _____	\$ _____	\$ _____	Week 6	Before Care	\$ _____	\$ _____	\$ _____
	After Care	\$ _____	\$ _____	\$ _____		After Care	\$ _____	\$ _____	\$ _____
Week 3	Before Care	\$ _____	\$ _____	\$ _____	Week 7	Before Care	\$ _____	\$ _____	\$ _____
	After Care	\$ _____	\$ _____	\$ _____		After Care	\$ _____	\$ _____	\$ _____
Week 4	Before Care	\$ _____	\$ _____	\$ _____	Week 8	Before Care	\$ _____	\$ _____	\$ _____
	After Care	\$ _____	\$ _____	\$ _____		After Care	\$ _____	\$ _____	\$ _____

In registering my child for this activity, I hereby release the City of Lansing of all liability for damages or injuries by my child while engaging in this activity. I also authorize that my child may be photographed/video taped and waive all claims by my child for remuneration in any form for the use of such photographs/video tapes for educational programs, public relations programs, and newspaper use.

By signing this form, I acknowledge that the above information given by me is a true statement of fact.

Signature _____ Date _____ E-Mail _____

AUTHORIZED SCHOLARSHIP

Amount Received _____ Check Cash Credit Card Date _____ by _____ @ Gier Foster Letts SSCC TD

REVENUE ACCOUNT TO CREDIT SCHOLARSHIPS _____ AUTHORIZED PERSONNEL: _____ DATE _____

SCHOLARSHIP RECORDED: _____ DATE _____