

EAGLE VILLAGE

WHERE POTENTIAL SOARS

5044 175TH AVENUE · HERSEY, MICHIGAN 49639 · PHONE 231-832-2234

Scholarship Application Form

Summer Camps

Camper's Name: _____

Address: _____ DOB: _____

City: _____ County: _____ State: _____ Zip: _____

What camp program are you interested in? _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone _____

Years at current address: _____

I certify that our household income for the past year was: _____

Place of Employment: _____ Length: _____

Household Monthly Income Currently: _____

Misc. Income: (i.e.: child support, adoption subsidy): _____

Monthly Expenses:

Rent/Mortgage _____

Electric: _____

Heating: _____

Auto/Health Insurance Costs: _____

Food/Household: _____

Trash: _____

Cable: _____

Phone/Cell Phone: _____

Misc. Expenses: _____

Total Expenses Monthly: _____

Number of adults living in the household: _____

Number of children living in the household: _____



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Amount family can contribute to camp payment: _____

Please describe the child's presenting issues and family's current situation. Please express your expectations for having your child involved with the Summer Camps program:

Signature of Parent/Authorized Person

Date

Name of Parent/ Authorized Person

Email Address of Parent/ Authorized Person

