

# EAGLE VILLAGE

WHERE POTENTIAL SOARS

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

## Scholarship Application Form

Please return completed form to [camps@eaglevillage.org](mailto:camps@eaglevillage.org).

### Summer Camps 2025

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What camp program are you interested in? (Please Circle)

- Base Camp: June 16-20   June 30-July 4   August 4-8
- Frontier Camp for Girls: July 14-18   July 21-25
- Frontier Camp for Boys: June 23-27   July 7-11   July 28-August 1
- Project Survive for Girls: June 26-July 4   July 10-18   July 31-August 8
- Project Survive for Boys: June 26-July 4   July 10-18   July 31-August 8

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: \_\_\_\_\_



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Total Expenses Monthly: \_\_\_\_\_

Number of adults living in the household: \_\_\_\_\_

Number of children living in the household: \_\_\_\_\_

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

