

Michigan Christian Youth Camp Summer Camp Scholarship Application

Parent or Guardian's Name(s): _____ Home Phone: _____
 Mailing Address: _____ Cell Phone: _____
 City, State, and Zip Code: _____
 E-Mail Address: _____

Total Household Size: _____ Household Gross Income: _____
 Number of Dependents (Under the age of 18): _____
 Gross income is amount earned before taxes and Deductions. Please include alimony, child support, Social Security, etc.

Total Family Size	Annual Income Under	Maximum Award
2	\$29,471	50%
3	\$37,167	50%
4	\$44,863	50%
5	\$52,559	50%
6	\$60,255	50%

Maximum Award is 50% of the base camp fee

Please answer the following questions. Incomplete applications will not be processed.

- Are there any specific circumstances that we should be aware of in considering your request?
- Would a payment plan help in paying your portion? If so, what terms would be acceptable to you?
- Did you check with the church you attend if they are able to help with the camp fee?
- What church do you attend?
 Church Name _____ Phone Number _____
 Church Street Address _____
 Church City, State, Zip Code _____
 Contact Name _____
- Have you registered your child/children? Yes No
 If no, you must be registered with a minimum deposit of \$50 for each camper. However, if you are denied a scholarship this deposit will be returned to you.
Camper Name(s)
 1. _____ 2. _____
 3. _____ 4. _____

It is our desire to be accountable to our Lord and be good stewards of the resources He has entrusted to us. We ask you to please sign this application stating you have a true financial hardship that would prevent your child or children from attending camp without financial assistance.

Signature of Parent or Guardian (required) _____

Please complete and return to: MCYC, 820 North Lake George Road, Attica, MI 48412
 ATTN: Summer Camp Scholarships
 You may also fax application to 810.272.4390 or email to mcyc@mcyc.org

Date Received _____ Date Cfm Sent _____ Scholarship Amount _____