



Camp Henry Summer 2016 – Application

Parents and Guardians: Please fill out the entire form and submit one application per child. Make copies as needed.

Child's Birth Date: ____/____/____ Child's Social Security Number: ____-____-____ Female Male

Returning Student Hank ID: _____ Middle/High School: _____ Grade: _____

Child's Last Name: _____ First Name: _____ MI: _____

Number: _____ Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Select	Course Name and Title	Meeting Information	Location/Price	Start/End Date
<input type="checkbox"/>	MTWD-510101-01 (109849) Camp 5101	06/20/2016-06/23/2016 Lecture Monday-Thursday 08:00A.M. - 02:00P.M. Student Center, Room M-123	Main Campus \$160 (per child)	June 20-23, 2016
<input type="checkbox"/>	MTWD-APPS01-01 (110607) Camp Android	07/11/2016-07/15/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-237	Main Campus \$100 (per child)	July 11-15, 2016
<input type="checkbox"/>	MTWD-APPS02-01 (110608) Camp Android	07/18/2016-07/22/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-237	Main Campus \$100 (per child)	July 18-22, 2016
<input type="checkbox"/>	MTWD-APPS03-01 (110609) Camp Android	07/25/2016-07/29/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-237	Main Campus \$100 (per child)	July 25-29, 2016
<input type="checkbox"/>	MTWD-BAKE01-01 (110610) Baking Camp	06/27/2016-06/30/2016 Lecture Monday-Thursday 08:00A.M. - 02:00P.M. Student Center, Room M-123	Main Campus \$160 (per child)	June 27-30, 2016
<input type="checkbox"/>	MTWD-DNA01-01 (110431) It's in the Genes	07/18/2016-07/22/2016 Lecture Monday-Thursday 09:00A.M. - 02:00P.M. Science Bldg., Room J-151	Main Campus \$250 (per child)	July 18-21, 2016
<input type="checkbox"/>	MTWD-ID01-01 (110432) Camp Henry Industrial Design	07/11/2016-07/22/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. To Be Assigned, Room TBA	Main Campus \$250 (per child)	July 11-22, 2016
<input type="checkbox"/>	MTWD-PLTW01-01 (110433) Project Lead the Way	07/11/2016-07/15/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-186	Main Campus \$160 (per child)	July 11-15, 2016

- | | | | | |
|--------------------------|---|---|----------------------------------|-----------------------|
| <input type="checkbox"/> | MTWD-RN01-01 (110605) Camp RN | 07/11/2016-07/22/2016
Lecture Monday-Friday
08:00A.M. - 03:30P.M.
Campus Safety, Room N-TBA | Main Campus
\$500 (per child) | July 11-22, 2016 |
| <input type="checkbox"/> | MTWD-SEWING-01 (111423) Sewing | 06/20/2016-07/24/2016
Lecture Monday-Friday
09:00A.M. - 02:00P.M.
M-TEC, Room TBA | M-TEC
\$160 (per child) | June 20-July 24, 2016 |
| <input type="checkbox"/> | MTWD-SEWING-02 (111424) Sewing | 07/18/2016-07/22/2016
Lecture Monday-Friday
09:00A.M. - 02:00P.M.
M-TEC, Room TBA | M-TEC
\$160 (per child) | July 18-22, 2016 |
| <input type="checkbox"/> | MTWD-STEM01-01 (110606) What Stems From Here? | 07/25/2016-07/29/2016
Lecture Monday-Friday
08:00A.M. - 02:00P.M.
Technology Bldg., Room E-184 | Main Campus
\$225 (per child) | July 25-29, 2016 |

Check or Money Order Payable to: Henry Ford College

Circle One: Visa MasterCard Discover Credit Card#: _____ Exp.: ____/____
Name as it appears on the card: _____

Emergency Contact Information

Child's Name: _____ Date of Birth: _____

Primary Contact: _____ Relationship: _____

Primary Contact Address: _____ Telephone#: _____

Secondary Contact: _____ Relationship: _____

Secondary Contact Address: _____ Telephone#: _____

Medical Concerns: None Allergies Other: _____

Special Dietary Concerns: _____

I agree to indemnify and hold harmless Henry Ford College, officers, employees, sub-contractors, and representatives for any loss or harm my child may sustain while engaged in Camp Henry activities/class. In the event of an emergency, I authorize Henry Ford College employees to call the primary contact listed above. If the primary contact cannot be reached, I authorize Henry Ford College employees to call the secondary contact. If the college is unable to reach the primary and secondary contact, I permit Henry Ford College employees to seek emergency medical treatment for my child. Also, I grant Henry Ford College permission to take photos and/or videos of my child while he/she is participating in a camp/class activity for the marketing and promotion of Henry Ford College Camp Henry.

By signing this document, I/we acknowledge that I/we have read and agree to the terms above.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

For office use only



Henry Ford College

5101 Evergreen Road
Dearborn, MI 48128-1495
313-845-9600
www.hfcc.edu

Dear Parent or Guardian,

Thank you for choosing Henry Ford College for your child's 2016 Summer Camp. Our goal is to provide a bit of fun, in a safe, learning environment. The team at Camp Henry is here to assist those who are in need of financial assistance and to help those who may have questions or need guidance to choose a good Summer Camp for your child.

Camp Henry has a limited number of scholarships in the form of a reduced payment for families in need of financial assistance. To apply for financial assistance, please fill out the information on the attached financial assistance application. To process your application, we also require the completed Camp Henry Summer 2016 Application and additional supporting documentation. For consideration, this information must be received within ten (10) business days from the date of this letter for consideration. If you feel that you need to explain your situation further to obtain financial assistance, additional space has been provided at the end of the application.

It is important both forms are filled out completely and returned with the required supporting documents. Failure to do so will delay the application approval process and possibly be the reason for denial. Applications received without a signature will be denied. All scholarships are considered on a first come, first serve basis.

If the above information cannot be obtained, please call Elizabeth Rutherford at 313-317-6600 or Pat Chatman at 313-317-6603 between the hours of 8 a.m. and 4:30 p.m. We will be more than happy to assist you. After a decision has been made regarding your request, you will be notified by mail of the results.

Thank you for choosing Henry Ford College Camp Henry.

Kind Regards,

Henry Ford College Camp Henry Staff



Camp Henry Summer 2016 – Financial Assistance Application

General Information

Student Name _____ Hank ID # _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email _____ Single Married Divorced/Separated Widow/Widower

Responsible Party Name _____ Relationship _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Spouse's Name _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Name(s) and age(s) of dependents living with you for whom you are responsible. Please include DOB:

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Assistance Application

Current Employer _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Occupation _____

Length of Employment _____ years _____ months Full Time Part Time

Number of hours scheduled to work each week _____

If unemployed, date of unemployment: _____ Are you receiving unemployment Yes No

If YES – Beginning date _____ Amount receiving weekly _____

Spouse / Significant Other's Current Employer _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Occupation _____

Length of Employment _____ years _____ months Full Time Part Time

Number of hours scheduled to work each week _____

If unemployed, date of unemployment: _____ Are you receiving unemployment Yes No

Family Size _____ Monthly Income minus Expenses _____

Income on a Monthly Basis	Yours	Spouse
Gross Pay		
Alimony/Child Support		
Social Security		
Unemployment/Workers Compensation		
Retirement/Pension		
Public Assistance		
Other		
Monthly Total		

Expenses on a Monthly Basis	Yours	Spouse
Mortgage / Rent		
Home Owner's /Renter's Insurance		
HOA		
Telephone - home		
Cell Phone		
Utilities		
Cable		
Auto Payment		
Insurance (Auto, Medical, other)		
Food, Clothing, Child Care		
Other		
Monthly Total		

Camp Henry Financial Assistance Request (Please write the amount of assistance requested for each camp)

Select	Course Name and Title	Meeting Information	Cost of Camp	Request Amount
<input type="checkbox"/>	MTWD-510101-01 (109849) Camp 5101	06/20/2016-06/23/2016 Lecture Monday-Thursday 08:00A.M. - 02:00P.M. Student Center, Room M-123	\$160	\$ _____
<input type="checkbox"/>	MTWD-APPS01-01 (110607) Camp Android	07/11/2016-07/15/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-237	\$100	\$ _____
<input type="checkbox"/>	MTWD-APPS02-01 (110608) Camp Android	07/18/2016-07/22/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-237	\$100	\$ _____
<input type="checkbox"/>	MTWD-APPS03-01 (110609) Camp Android	07/25/2016-07/29/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-237	\$100	\$ _____
<input type="checkbox"/>	MTWD-BAKE01-01 (110610) Baking Camp	06/27/2016-06/30/2016 Lecture Monday-Thursday 08:00A.M. - 02:00P.M. Student Center, Room M-123	\$160	\$ _____
<input type="checkbox"/>	MTWD-DNA01-01 (110431) It's in the Genes	07/18/2016-07/22/2016 Lecture Monday-Thursday 09:00A.M. - 02:00P.M. Science Bldg., Room J-151	\$250	\$ _____
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<input type="checkbox"/>	MTWD-RN01-01 (110605) Camp RN	07/11/2016-07/22/2016 Lecture Monday-Friday 08:00A.M. - 03:30P.M. Campus Safety, Room N-TBA	\$500	\$ _____
<input type="checkbox"/>	MTWD-SEWING-01 (111423) Sewing	06/20/2016-07/24/2016 Lecture Monday-Friday 09:00A.M. - 02:00P.M. M-TEC, Room TBA	\$160	\$ _____
<input type="checkbox"/>	MTWD-SEWING-02 (111424) Sewing	07/18/2016-07/22/2016 Lecture Monday-Friday 09:00A.M. - 02:00P.M. M-TEC, Room TBA	\$160	\$ _____
<input type="checkbox"/>	MTWD-STEM01-01 (110606) What Stems From Here?	07/25/2016-07/29/2016 Lecture Monday-Friday 08:00A.M. - 02:00P.M. Technology Bldg., Room E-184	\$225	\$ _____

REQUIRED DOCUMENTS

- Completed, signed and dated Financial Application and Camp Henry Application.
- Copy of your last 2 months of pay stubs for you, spouse and/or significant other.
- Copy of award letter(s) – Unemployment, Public Assistance, Social Security, etc. displaying monthly benefit.

Camp Henry Staff reserves the right to deny applications that are incomplete.

Your signature is required to complete this application.

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge. I understand that Henry Ford College Camp Henry requires verification of income before any determination is made.

Signature _____ Date _____

Please Use the Space Below for Additional Explanation of Need:

Office Use Only: Financial Coordinator Name: _____ Application Approved Application Denied

Camp Henry Award Amount: _____ In Pocket Responsibility _____ Level(%) _____

Special Notes:
