



## 2019 Summer Camp Scholarship Application



Parents/Caregivers of a child or youth with special health care needs are encouraged to apply for up to \$250 for a Summer Camp Scholarship from the Family Center for Children and Youth with Special Health Care Needs (Family Center). The scholarship program has limited funding available, so submit your application as soon as possible.

### **WHO MAY BE ELIGIBLE**

Applicants are eligible for the Summer Camp Scholarship once every 2 years, and one Camp Scholarship per family. Camper must be between the ages of 5-21

Applications are accepted January 1, 2019 through March 31, 2019. Children and youth with special health care needs are eligible regardless of their enrollment with Children's Special Health Care Services (CSHCS).

**Summer Camp Guidelines:** The camp must be located in Michigan and have a camp license. The camper must reside in Michigan at the time of applying and attending the camp.

Exceptions: Camps operated by a university, school district, or city/township parks and recreation program, are not required to have a camp license.

### **PARENTS/CAREGIVERS ARE RESPONSIBLE FOR THE FOLLOWING:**

1. **FINDING THE CAMP FOR YOUR CHILD TO ATTEND (The Family Center does not maintain a list of summer camps):** The camp must be able to accommodate your child's special health care needs.
2. **REGISTERING YOUR CHILD WITH THE CAMP:** The Camp must fill out the attached Attendance Registration form. This form must be submitted with your Summer Camp Scholarship Application.
3. **COMPLETING THE ATTACHED SUMMER CAMP SCHOLARSHIP APPLICATION.**

**Mail or fax the Summer Camp Application and the completed attendance confirmation form to:**

Family Center  
Michigan Department of Health and Human Services  
Lewis Cass Building, 6<sup>th</sup> Floor  
320 S. Walnut  
Lansing, MI 48913  
Fax number 517-241-8970

### **SCHOLARSHIP AWARD NOTIFICATION**

Scholarships from the Family Center are not guaranteed until the camp and the child's parent/caregiver(s) receive an approval letter from the Family Center confirming the camp scholarship. The scholarship check from the Family Center will be issued directly to the camp. If there is any remaining camp tuition balance, the parent/caregiver is responsible for paying that amount directly to the camp. The Family Center will **not** reimburse parent/caregiver for a payment already made to a camp, including any deposit.

**Any questions can be answered by calling the Family Phone Line at 800-359-3722**

2019 Summer Camp Scholarship Application

**APPLICATION FORM AND INFORMATION**

**(Applicants are eligible for the Summer Camp Scholarship once every 2 years.)**

Date _____	Scholarship Amount Requested (up to \$250.00) \$ _____	
Child's Name _____	DOB _____	CSHCS/Medicaid ID# _____
Parent/Caregivers Name _____	Phone # (____) _____	
Street Address _____	City, State, Zip _____	
County _____		
Childs Diagnosis _____		
Name of the Camp Your Child Would Like to Attend _____		

**REQUIRED CAMP INFORMATION**

- Parents/Caregivers are responsible for registering their child with the camp.
- Camp Attendance Registration form must be submitted with this application.
- Camps must be licensed and located in Michigan.

**APPLICATION CHECKLIST**

- Complete the 2019 Summer Camp Scholarship Application
- Include with this application a completed Attendance Registration form with this application.

**MAIL OR FAX THIS APPLICATION AND ATTENDANCE CONFIRMATION FORM TO:**

Family Center  
Michigan Department of Health and Human Services  
Lewis Cass Building, 6<sup>th</sup> Floor  
320 S. Walnut  
Lansing, MI 48913  
Fax number 517-241-8970

**PARENT/CAREGIVERS SIGNATURE (REQUIRED)**

\_\_\_\_\_ **Date** \_\_\_\_\_

# Attendance Registration

The Camp Director or Registrar must complete this form.

## CAMPER REGISTRATION INFORMATION

**\*\*PLEASE MAKE SURE THIS FORM IS SENT IN WITH THE APPLICATION\*\***

_____ has registered for _____		
Camper's Name	Camp Name	
from _____ through _____	The cost for attending this camp is \$ _____	
Date	Date	Amount
The family has paid \$ _____ toward that cost and the amount due is _____		
Amount	Amount	

## CAMP INFORMATION

<b>Camp Name –</b> (Official camp name that should go on check)	_____
<b>Camp Address</b> (Where check is to be mailed)	_____
<b>City, State, Zip Code</b>	_____
<b>Federal Tax ID Number</b>	_____
<b>Camp License Number</b>	_____
<b>Contact Name</b>	_____
<b>Contact Phone Number</b>	_____

I understand a scholarship is not guaranteed until the camp and the child's parent/caregiver(s) receive an approval letter from the Family Center. The letter will indicate the amount of the scholarship and will not exceed \$250.00. The parent/caregiver of the camper is responsible for paying any remaining balance. I understand a check will be issued directly to the camp to pay for the scholarship.

I certify that the above information is true to the best of my knowledge.

**SIGNATURE OF CAMP DIRECTOR/REGISTRAR (REQUIRED)**

\_\_\_\_\_ Date \_\_\_\_\_

For questions about this form, please contact the Family Center at 517-241-7630 or via email at [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov).