2026 Camp Scholarship Application

The Camp Scholarship program is provided through the Family Center for Children and Youth with Special Health Care Needs (Family Center) and made available with funding from the Children with Special Needs (CSN) Fund. The Family Center is the statewide parent-directed center within Children's Special Health Care Services (CSHCS) and the Michigan Department of Health and Human Services (MDHHS). The purpose of the Camp Scholarship Program is to:

- Increase accessibility to summer camping opportunities for children and youth with special health care needs (CYSHCN).
- Offer opportunities for CYSHCN to engage in the community, gain a sense of belonging, build relationships, and have fun in a safe and supportive environment.
- Provide respite for parents and other family members of CYSHCN.

Eligibility

Children and young adults (up to 21 years of age) who are enrolled in, or eligible to be enrolled in, CSHCS qualify for a camp scholarship. Families with a child who is not enrolled in CSHCS, or do not have a CSHCS-eligible diagnosis, are encouraged to apply; however, they will need to include a letter from the clinician currently caring for their child to verify the diagnosis of a special health care need. The letter must be written and signed no more than a year prior to the date of the camp scholarship application. For a list of eligible diagnoses, please see the CSHCS website.

The Family Center will award up to $500 per child/per camp based on the following criteria:

- The camp must be licensed to operate in Michigan (certain exceptions apply. *) To find a licensed camp, please visit: https://campsearch.apps.lara.state.mi.us.
- Organizations that are licensed as a daycare do not meet eligibility criteria.
- Applicants must verify acceptance by the camp by submitting a signed *Camp Registration Verification* form with their application.
- Multiple applications per family **will** be accepted.
- There is a limit of 10 scholarships per camp.

Please note changes to the approval process this year:

Applications from CSHCS-enrolled and/or eligible children will be accepted beginning **January 1, 2026.** All other applications will be accepted beginning **April 1, 2026,** and reviewed on a first-come, first-served basis. Applications will be accepted as long as funding is available and i**ncomplete applications will not be accepted**. Camp applications may take 3-4 weeks to process and families will be notified once their application has been reviewed. Please note that funds are distributed directly to the camp. The Family Center will not reimburse families for a payment already made to a camp, including deposit.

Please email your completed application to cshcsfc@michigan.gov. Applications can be sent by mail, but please note these may take longer to process.

Family Center/CSHCS
Michigan Department of Health and Human Services
P.O. Box 30734
Lansing, MI 48909

For questions regarding camp scholarships, please contact the Family Center at **800-359-3722.**

*Camps operated by a university, school district, or city/township parks and recreation programs are not required to have a license. Some out-of-state camps may be considered on a case-by-case basis.

MDHHS | Children's Special Health Care Services
Michigan Department of Health & Human Services

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Connecting Families. Sharing Resources. Instilling Hope.

Date _____

Child's Name _____ Child's DOB _____

Parent/Caregiver's Name _____ Email _____

Street Address _____ City, State, Zip _____

Phone Number_____ County _____

Has your child received a Family Center Camp Scholarship in the past? Yes ☐ No ☐

Child's diagnosis and/or special health care need:

_____

Is your child currently enrolled in CSHCS? _____ ID Number _____

Is your child currently being seen by specialist for this diagnosis? Yes ☐ No ☐

What kinds of accommodations, if any, does your child need to be successful at camp?

_____

_____

How will attending this camp benefit your child and/or family?

_____

_____

Name and address of camp your child would like to attend _____

_____

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Michigan Department of Health & Human Services

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Dates child will be attending camp: _____

Cost per session of camp _____ Amount requested _____

We highly encourage you to discuss any accommodations your child will need to be successful at camp with the camp ahead of time.

☐ I acknowledge it is my responsibility to ensure the camp is able to accommodate my child's special health care need.

_____

Parent Signature Date

Incomplete applications will not be processed. Please be sure you have included the following:

☐ Completed application form
☐ Camp Registration Verification form signed by Camp Director
☐ Letter from child's provider verifying their diagnosis/special health care need (if applicable) dated within the year

Registration Verification Form

To be completed and signed by Camp Director or Registrar and submitted with application

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Camper's Name _____ Camp Name _____

Dates attending camp _____ Cost of Camp Session _____

Address to mail check _____

Camp License no. _____ Camp Contact: _____

Contact email/phone _____

Acknowledgements:

☐ I acknowledge that this camper has registered for camp.

☐ I understand that the Family Center for CYSHCN scholarship is in the amount up to $500 which will be paid directly to the camp. The family is responsible for any remaining balance.

Signature of Camp Director and/or Registrar _____

Date _____