



# 2017 SCHOLARSHIP APPLICATION

Mail applications to:  
Indian Trails Camp  
0-1859 Lake Michigan Dr NW  
Grand Rapids, MI 49534  
Or Fax to: 1 (616) 677-2955  
Email: info@ikuslife.org

Indian Trails Camp’s goal is to enable as many individuals as possible to experience the magic and fun of a camp setting. However, scholarship funds are limited, and only made possible by the generosity of many individuals, families and organizations. Therefore, campers are eligible for a maximum of a one week scholarship. To ensure access to, and equitable distribution of available scholarship funds, please apply as soon as a financial need is recognized. If your application for a summer or day camp scholarship is received by 4/22/17, you will be notified the week of April 30. Scholarship requests received after 4/22/17 will be processed if/when funds become available.

PLEASE NOTE: A scholarship is not guaranteed upon application. The scholarship amount granted may be less than the amount requested. We also may not be able to provide a scholarship for the session requested, but we will do our best to accommodate your preference. Incomplete applications will NOT be considered. Please make sure that all requested information is provided.

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_  
County: \_\_\_\_\_ Primary Diagnosis: \_\_\_\_\_

**Where does the camper reside?**  Lives independently  Lives with parent or guardian  
 Lives in an adult foster care home

**If the camper lives with parent/guardian, indicate gross family income from all sources:**

Less than \$30,000  \$31,000-50,000  \$51,000-70,000  
 \$71,000-90,000  \$91,000-110,000  more than \$110,000

**Number of people dependent upon above income:**  1-2  3-4  5-6  more than 6

**What other potential funding sources have you investigated?**

church/religious organization (s)  community/humanitarian organization (s)  disability funding agencies  
 personal fundraising  extended family/friends  other

**Record below any extraordinary circumstances that we should take into consideration.**

change in level determination  unusual medical expenses  unemployed  
 sudden change in circumstances  Other, please describe. If additional room is needed, please attach a separate sheet describing the extenuating circumstances and financial need.

\_\_\_\_\_  
\_\_\_\_\_

**Please list the session dates for which you are requesting this scholarship:** \_\_\_\_\_

**Is this individual an SSI, SSDI or Children’s Waiver Recipient?**  Yes  No

**Have you applied for a scholarship from Indian Trails Camp in the past?**  Yes  No



## INDIAN TRAILS CAMP SCHOLARSHIP APPLICATION

Complete the calculation below to determine the requested scholarship amount. Do not include camp store money in Total Camp Fees. Any third party payments (Network 180, community or charitable organization, Community Mental Health, family members) should be shown in the Amount From Other Sources line.

TOTAL CAMP FEES (from Financial Form):	\$ _____
- AMOUNT I CAN PAY:	\$ _____
- AMOUNT FROM OTHER SOURCES	\$ _____
= REQUESTED SCHOLARSHIP:	\$ _____

If requesting a scholarship of \$500 or more AND the camper lives with the parent/guardian, please submit a copy of the parent/guardian's most recent tax return.

Return the Scholarship Application Form and tax return, if applicable, with your application.

I understand that my application and approval by ITC is not final and that eligibility and criteria will be at the sole discretion of ITC.

I certify that all information provided is complete and accurate to the best of my knowledge. I understand that incomplete applications will not be considered.

I certify that I have read this application and certification and accept all conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

