



## Howell Nature Center 2018 Camp Wonder Scholarship Application

Dear Family,

At the Howell Nature Center's Camp Wonder, we believe every child deserves the opportunity to experience the joys of summer camp and to connect with nature. Due to this, we work with the community to ensure that no child is denied a camp experience based on their inability to pay.

Scholarships are available for a camper to attend either day camp, overnight camp, or excursion camp (please understand that for excursion camps, scholarships are available, but limited). Multiple children from a household may be awarded a scholarship. All scholarships are confidential and will be reviewed in the order they are received. Notification of acceptance will be emailed/mailed to you.

As a nonprofit organization, the Howell Nature Center (HNC) receives community support for our scholarship program. Since camp has become so popular, we ask our families to pay a \$50 deposit and their "fair portion" of the total camp fee so we can provide camp to as many kids as possible.

### **Spirit of Alexandria Foundation – Special Scholarship Program**

A partnership has also been established between HNC and the Spirit of Alexandria Foundation. This Foundation was created in honor of the legacy of Alexandria Bennett, a little girl whose passion for nature and generosity were evident to everyone around her. Through her inspiration, the Alexandria's Nature Camps were developed along with a special scholarship program with the mission of spreading the joys of nature to thousands of children. This particular scholarship is not need based, rather offered as a tuition assistance program for all nature lovers. Scholarships are awarded on a first come basis, and a "Fair Portion" contribution is still required.

It's going to be an amazing summer! I hope to hear from you.

John "JC" Carlson, CEO

### **Scholarship Guidelines:**

- 1. Be a Michigan resident.**
- 2. For Day Camp or Christian Youth Overnight Camps, please provide a basis of financial need due to low/no income, excessive medical expenses, family hardships, etc.**
- 3. For all camps, please share in your own words why you want your child to attend camp.**
- 4. For Alexandria's Nature Camp, please have your child share in their own words, why they want to attend a special nature camp.**
- 5. Return scholarship application and a \$50 deposit/application (*this amount will be put towards your 'fair portion' amount if selected for a scholarship, or will be refunded if scholarship is not awarded*).**
- 6. Be willing to contribute a 'fair portion' of total camp cost.**

*Incomplete applications will not be reviewed until all the items in the checklist above have been received. Decisions are made within 30 days of receipt of the application.*

**How to Apply:**

Please send your fully completed scholarship application and your \$50 deposit per camper to:

Howell Nature Center  
Camp Wonder Scholarship Program  
1005 Triangle Lake Rd.  
Howell, MI 48843

**Billing Information:**

Upon acceptance, an approval letter and invoice will be sent to your address or by email. You will have the option of installments to assist in spreading out the overall fees (or) have the option to pay in full. Total fees are due 3 weeks prior to camp.

**Camper Information:**

Camper's Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Camper Lives With:**

- Mother & Father
- Mother
- Father
- Other (Please specify: Parent/Guardian Name: \_\_\_\_\_)

**Parent Name:** \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

**Parent/Guardian Employment:**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

**Financial (If you are applying for a Spirit of Alexandria camp, you do not need to complete the financial portion):**

Total Household Monthly Income: \$\_\_\_\_\_

If you receive State/Federal Aid (food stamps, medical aid, etc) please list:

\_\_\_\_\_

List any extraordinary expenses:  
\_\_\_\_\_

Have you ever received aid from the Howell Nature Center:

- Yes
- No

**For Spirit of Alexandria Camps**

**TO BE COMPLETED BY CHILD:** Please share in your own words why you want to attend a special nature camp (Please attach an additional sheet if needed).

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**For All Camps**

**TO BE COMPLETED BY PARENT:** Please share in your own words, why you would like your child to attend Camp Wonder this summer and please share your explanation of need:

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**Day Camp Week/Overnight/Excursion Session Choices (please refer to registration form for specifics):**

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_  
Week/Session: \_\_\_\_\_ Week/Session: \_\_\_\_\_ Week/Session: \_\_\_\_\_

**Fair Portion of Total Camp Cost: (DO NOT LEAVE BLANK)**

Due to the Howell Nature Center utilizing community support and the high demand for assistance, every applicant is asked to pay a fair portion of their camp experience. Please indicate the fair portion you will be able to contribute to the overall camp fee for each child you would like to register: \$\_\_\_\_\_.

**Review Process:**

- Please allow 30 days for review.
- Please do not contact the office to check on your status.
- All applicants will be carefully considered and we will inform you as quickly as possible of your acceptance or denial based on a review of your information.

*The information I have provided on this form is correct to the best of my knowledge.*

Applicant's Name (Printed) \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNAL USE ONLY**

Date Received \_\_\_\_\_

- Accepted
- Denied
- Incomplete Application

Week/Session Accepted for: \_\_\_\_\_ Amount Requested: \$\_\_\_\_\_ Amount Granted: \$\_\_\_\_\_  
Amount Billing: \$\_\_\_\_\_ Director's Signature Date: \_\_\_\_\_