

<u>App#</u>	<u>Date Approved</u>	<u>Camp Dates</u>	<u>Notes</u>
<u>Date</u>	<u>Amount Approved</u>		



2024 Camp Scholarship Application

Camp scholarships are available to youth with a Berkley Schools or BHWYA Caseworker referral.

Check here if this is a self referral and you will be contacted regarding the status of your application.

FAMILY INFORMATION

Child's Name _____ Sex _____ Birthdate _____
 Address _____ City, State & Zip _____
 School _____ Current Grade _____

FATHER

MOTHER

Name	Name
Address	Address
City, State & Zip	City, State & Zip
Phone (home)	Phone (home)
Phone (work)	Phone (work)
Phone (cell)	Phone (cell)
Email	Email
Step-Parent/Guardian name	
Phone (home)	Phone (cell)

SIBLINGS LIVING WITH CHILD (list only those under age 18)

<u>Name</u>	<u>Age</u>	<u>Sex</u>

CAMP INFORMATION

Circle your preference: Overnight Camp Day Camp Other

Camp Preference 1 _____

How would your child benefit from a camp experience?

Any special talents or interests that we might focus on in placing him/her in a camp?

Any special emotional needs or behavior patterns which might be relevant to this camp experience?

If your child will be attending any other camps, state which one(s):

What camp(s) has your child attended in the past?

MEDICAL HISTORY

Does your child have any special health problems? Yes No

If yes, please explain:

Does your child take any medication regularly? Yes No

If yes, please list medications, dosage, etc.:

FAMILY FINANCIAL STATUS

Does your family receive any type of financial assistance?

Yes

No

If yes, please check the appropriate box(es) below:

- | | | | |
|--------------------------------------|--------------|--|--------------|
| <input type="checkbox"/> FIP | Case # _____ | <input type="checkbox"/> SSI | Case # _____ |
| <input type="checkbox"/> Food Stamps | Case # _____ | <input type="checkbox"/> Free Lunch | Case # _____ |
| <input type="checkbox"/> Medicaid | Case # _____ | <input type="checkbox"/> Reduced Lunch | Case # _____ |

Are there any special circumstances which affect your ability to afford camp? Please explain below:

****All information will be kept confidential and used only for camp purposes****

Families are expected to make a contribution toward camp costs. This amount may vary based on camp placement.

Signature of Parent or Guardian

Please return this form, along with all required documents, to the Berkley/Huntington Woods Youth Assistance office **no later than May 17, 2024.**

Berkley/Huntington Woods Youth Assistance
3205 Catalpa, #117
Berkley, MI 48072
Or email to
kelly.smith@bhwy.org

***Youth Assistance relies on volunteers to plan and implement programs.
If you are interested in working on any of our projects, please contact the
Berkley/Huntington Woods Youth Assistance office at (248) 837-8229.***

www.bhwya.org