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# Kimball Camp Nature Center

Branch and  
Hillsdale Co.



A United Way Organization

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*Summer and Winter Camps, Year-Round Retreat Center, Outdoor Education, Leadership Development*

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Dear Financial Aid Applicant,

Thank you for requesting our scholarship application. Our desire is for as many youth as possible to attend Kimball Camp to help strengthen their spirit, mind and body. Financial gifts to the camp by businesses, groups, and individuals make it possible to offer assistance to many families who need it. The scholarships awarded are based on need and availability.

Please fill out the enclosed application as completely as possible. Then send to Kimball Camp:

- 1) completed financial application
- 2) registration form for each child

You will be contacted by letter or phone as soon as we process your application and determine the scholarship recipients. Thank you for letting us be of assistance.

Sincerely,

Kimball Camp

If your request comes before our annual candy sale, which is held in March, you will also find information concerning the sale. Applicants who sell candy are given first consideration since we acknowledge a child's motivation to help earn their way to camp.

# Kimball Camp YMCA Financial Aid Application

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. What is your annual family income? \_\_\_\_\_ Number of dependents \_\_\_\_\_  
(proof of income must be included, copy of paycheck stub, tax return, etc)

2. What present circumstances require that you request assistance at this time? \_\_\_\_\_  
\_\_\_\_\_

3. Are you currently on any supplemental aid programs? Yes \_\_\_ No \_\_\_ If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_

4. Program aid is requested for: Summer Day Camp \_\_\_\_\_ Summer Resident Camp \_\_\_\_\_  
Winterfest \_\_\_\_\_ New Year's Eve \_\_\_\_\_ Other \_\_\_\_\_

5. How much can you afford to pay towards this request? \_\_\_\_\_

6. Have you requested financial aide from the YMCA previously? \_\_\_\_\_ If so when? \_\_\_\_\_  
For which program? \_\_\_\_\_

7. Have you sold candy for the current year camping season? \_\_\_\_\_ Are you planning to sell? \_\_\_\_\_

8. Is there any other special information you would like us to have regarding your request? \_\_\_\_\_  
If you indicated yes, please use the back of this form to list this information.

9. List three choices for camp dates: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**\*\* Scholarships are being offered for the first three weeks of resident camp only, all weeks on day.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Application sent out: \_\_\_\_\_ Application Received: \_\_\_\_\_

Request granted/denied (circle one) by \_\_\_\_\_ on \_\_\_\_\_ Amt. granted \_\_\_\_\_

For program \_\_\_\_\_ Dates: \_\_\_\_\_