



The Arc Livingston's Camp & Summer Recreation Scholarship Form

Supporting People with Developmental Disabilities

Scholarships are valued at up to \$400 per child to attend a recreational summer camp or activity. All applications must be **received prior to June 1, 2024**. All funds will be distributed before June 15, 2024. If you have any questions, please contact Alex Farha at alex@arclivingston.org or 517-546-1228 ext. 24.

SCHOLARSHIP REQUIREMENTS:

- Must be a child with a disability between the ages of 5 and 18 years old.
- Must be a resident of Livingston County.
- Must have a current and active Individualized Education Plan (IEP).
- Must provide a copy of your 2023 Federal Tax Form.
- Camp or summer recreation activities must take place in 2024. *NOTE: Therapeutic camps/activities are not eligible.*

PARENT'S NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

NAME(s) & AGE(s) OF CHILDREN APPLYING: _____

New Scholarship – If your child has never received a camp scholarship from the Arc, please check the box.

Returning Scholarship – If your child has received a camp scholarship from the Arc, please check the box.

Please see the chart below for financial eligibility.

Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Scholarship Amount
0 - \$63,900	0 - \$71,900	0 - \$79,850	0 - \$86,250	0 - \$92,050	\$400

I have submitted a copy of 2023 Federal Tax Return (to be shredded upon completion of registration)

I have submitted a copy of the current Individualized Education Plan (IEP)

If you currently are working with an Arc advocate, please contact The Arc to determine if an updated IEP is needed.

Name of Camp/Activity Child will be attending: _____

Dates of Camp/Activity: _____ **Phone Number of Camp/Activity:** _____

Address of Camp/Activity: _____

Scholarship will be used toward: (Amount must not exceed \$400)

- | | |
|---|--|
| <input type="checkbox"/> Registration / Tuition Fees amount _____ | <input type="checkbox"/> Supplies amount _____ |
| <input type="checkbox"/> Transportation amount _____ | <input type="checkbox"/> Staffing /Aides _____ |
| <input type="checkbox"/> Other costs _____ | |

Arc Scholarship check to be made payable to*: _____

**If requesting reimbursement, receipts must be provided to The Arc Livingston.*



Photograph Release Form

The Arc Livingston may use a picture, video and/or the name of you, your family, or your child in one or more of the following ways:

- Use pictures and/or name(s) on The Arc Livingston Webpage & Social Media.
- Use pictures and/or name(s) in The Arc Livingston Newsletter.
- Use pictures and/or name(s) for publicity purposes such as the annual fashion show and benefit auction, annual golf outing, brochures, etc.

Please select and sign below to indicate your preference concerning you or your child.

I give permission for the following usage regarding my child/family to be posted/displayed in the above-mentioned instances.

First and Last Name:	_____ Yes	_____ No
First Name:	_____ Yes	_____ No
Photo:	_____ Yes	_____ No

Signature of Parent or Guardian: _____ Date: _____

Print name of above signatory: _____

Print Name of minor child(ren): _____

The Arc Livingston
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