



**The Arc Livingston's
Camp & Recreation Scholarship Form**
Supporting People with Developmental Disabilities

Scholarships are valued at up to \$400 per adult to attend recreational camps or activities. All applications must be **received prior to May 29, 2026**. Applications can be mailed to The Arc Livingston, 2980 Dorr Rd, Brighton, MI, 48116 or emailed to Karen@arclivingston.org. All funds must be distributed before June 12, 2026. If you have any questions, please contact Karen Quinn at Karen@arclivingston.org or 517-546-1228 ext. 25.

SCHOLARSHIP REQUIREMENTS – APPLICANT MUST:

- Be an adult with an intellectual or developmental disability aged 18+.
- Be a resident of Livingston County.
- Be a recipient of SSI and/or SSDI and/or Medicaid and/or CMH services and/or meet the income requirements below.
- Provide proof or sign release of information to obtain proof of benefits, services, or income if requested.
- Camp or recreation activities must take place in 2025-2026. *NOTE: Therapeutic camps/activities are not eligible.*

APPLICANT'S NAME: _____ **DATE:** _____

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

AGE: _____ **PHONE:** _____ **EMAIL:** _____

NAME & CONTACT INFO OF PERSON ASSISTING WITH APPLICATION (if applicable):

DOES THE APPLICANT HAVE AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY? YES / NO (circle one)

IF YES, PLEASE LIST DISABILITY: _____

- New Scholarship** – If you have never received a scholarship from the Arc, please check the box.
- Returning Scholarship** – If you have received a scholarship from the Arc, please check the box.

The applicant is a recipient of (check all that apply): SSI SSDI Medicaid CMH services

OR, the applicant meets the income requirements below. (Eligibility should be based on the INDIVIDUAL'S income, or if under guardianship, on the guardian's income. Please circle one.)

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Scholarship Amount
0 - \$46,900	0 - \$63,900	0 - \$71,900	0 - \$79,850	0 - \$86,250	\$400

Name of camp/activity applicant 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)

- Registration / tuition fees amount _____ Supplies amount _____
- Transportation amount _____ Staffing / aides _____
- 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 myself/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 Individual or Guardian: _____ Date: _____

Print name of above signatory: _____

Print Name of individual or minor child(ren): _____

The Arc Livingston
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www.arclivingston.org