



# The Arc Livingston's Camp & Recreation Scholarship Form

*Supporting People with Developmental Disabilities*

Scholarships are valued at up to \$400 per child to attend a recreational camp or activity. 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](mailto: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](mailto:Karen@arclivingston.org) or 517-546-1228 ext. 25.

**SCHOLARSHIP REQUIREMENTS – APPLICANT MUST:**

- Be a child with a disability between the ages of 5 and 18 years old.
- Be a resident of Livingston County.
- Have a current and active Individualized Education Plan (IEP).
- Provide a copy of your 2024 or 2025 Federal Tax Form.
- Camp or recreation activities must take place in 2025-2026. *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 my 2024 or 2025 Federal Tax Return** (to be shredded upon completion of registration)

**I have submitted a copy of the child's 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  
2980 Dorr Rd  
Brighton, MI 48843  
(517) 546-1228  
www.arclivingston.org**