The Arc Livingston's
CHILD Camp & Recreation Scholarship Form

Supporting People with Developmental Disabilities

Please complete ONE application per person per activity.

Scholarships are valued at up to $400 per child to attend a recreational camp or activity. All applications must be **received prior to May 28, 2027**. Applications can be completed online, mailed to The Arc Livingston at 2980 Dorr Rd, Brighton, MI, 48116 or emailed to Karen@arclivingston.org. All funds must be distributed before June 11, 2027. If you have any questions, please contact Karen Quinn at 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) and submit to The Arc Livingston.
- Submit a copy of your 2025 or 2026 Federal Tax Form.
- Submit receipts if requesting reimbursement.
- Camp or recreation activities must take place in 2026-2027. *NOTE: Therapeutic camps/activities are not eligible.*

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

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

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

NAME & AGE OF CHILD 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 2025 or 2026 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)

❒ 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.*

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.
(Please select all that apply.)

❒ First name
❒ Last name
❒ Photo
❒ Video

Signature of Parent or Guardian: _____ Date:_____

Print name of above signatory: _____

Print Name of individual or minor child: _____

The Arc Livingston
2980 Dorr Rd
Brighton, MI 48843
(517) 546-1228
www.arclivingston.org