



Financial Assistance Application

Scan/photo then email to: office@campskyline.org or,
Mail to: 5650 Sandhill Road Almont, MI 48003

Camper's name(s), camp session, gender & age (at time of camp)		

Parent/guardian name(s)

Phone Email

Address

Number of adults in household? Number of children in household?

Does this camper qualify for free/reduced lunch program at school? Y N DNA

Parent/guardian 1
income details

Currently employed?	Y N
Monthly income	<input type="text"/>
Other income amounts (monthly)	<input type="text"/>

Employer
Occupation

Parent/guardian 2
income details

Currently employed?	Y N
Monthly income	<input type="text"/>
Other income amounts (monthly)	<input type="text"/>

Employer
Occupation

What is the total price of the camp sessions
for which you are seeking aid?

How much are you able to pay
towards your camper's experience?

Which of the following are you
also interested learning about to
help make camp possible?

Volunteering	Y N
Family & Friends fundraising	Y N
Long-term payment plan	Y N

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need if required.

Signature: _____

Date: _____

Contact with questions: Matt Henry
810-798-8240
matt@campskyline.org

Please allow two weeks for processing.