

Disability Services Resource Center (DSRC)
Attention: Donna, DSRC Office Manager
1820 North Trumbull Drive
Bay City, MI 48708
phone: 989-895-5444

**APPLICATION FOR FINANCIAL AID FROM DISABILITY SERVICES RESOURCE CENTER
 FOR YWCA CAMP MEADOWS 2019, YWCA GREENER PASTURES 2019, OR YWCA OPEN FIELDS 2019**
APPLICATION DEADLINE IS THURSDAY, MAY 30, 2019

- Special Needs Child/Young Adult Name:..... • Phone Number(s):
- Disability/Certification:..... • Birth Date:.....
- Complete Mailing Address:.....

List name and monthly income of all household members (including special needs child/young adult person) including wages, welfare, child support, alimony, pensions, retirement, social security, respite, FIA, SSI, workman's comp, unemployment benefits, and all other sources. List only special needs child/young adult person's income if he/she is 18 years old or older and maintains his/her own household at an address separate from his/her parent(s)guardian(s).

-\$.....
-\$.....
-\$.....
-\$.....

- Name of program (circle one): YWCA Camp Meadows 2019 - YWCA Greener Pastures 2019 - YWCA Open Fields
- Cost of programs: \$475.00 \$475.00 \$475.00

• Dates of all programs are: 6 weeks, Mondays, Tuesdays, Wednesdays, 10 AM - 2 PM, June 17 - July 24; held at Bush School, 800 Nebobish Street, Essexville.

The Board of Directors of Disability Services Resource Center is pleased to help as many individuals as possible attend camps/programs. Following your program session, a short report/thank you note on your camp experience is expected to be sent to the Board of Directors. Failure to send a report may jeopardize future financial aid. Important: Scholarships may vary from \$100 on up, based upon family/individual's involvement with Disability Services Resource Center (DSRC).

_____ (Please Initial) I understand that part of the financial aid process for the special needs programs is to submit a brief report/thank you note on the camp experience for 2019 following the camp session.
 _____ (Please Initial) I/we would be willing to increase our financial aid by helping/participating in a special event or fundraiser.

Please note that each scholarship request will be handled on a FIRST COME, FIRST SERVED basis. We will fund each request in the order that we receive each financial aid application that meets eligibility. Also note that any attempt to falsify information will not be acceptable and that all future requests will be denied for that individual. In addition, no person shall be excluded from service because of race, religion, national origin or sexual preference.

- I certify that the above information is true and correct and that all income is reported; Disabilities Services Resource Center may verify the information on this application.
-
 Signed (parent/guardian or adult if over 18 years of age) Date

TO BE COMPLETED BY DISABILITIES SERVICES RESOURCE CENTER (DSRC)
FISCAL COMMITTEE ONLY

FISCAL COMMITTEE ACTION:

Approved Amount \$ _____

Deposit from family \$ _____

_____ Denied

Other Action: _____

Comments: _____

Date: _____

Fiscal Committee Chairman

Fiscal Committee Member

Director and/or Designee