



Camp Habitat
 P.O. Box 81065
 Fairbanks AK 99708
 (907) 750-2298
 FAX (907) 452-5300
www.creamersfield.org

Financial Scholarship Application:

If you would like to enroll in Camp Habitat this year but your family cannot afford the entire fee, please fill out this form along with the Camp Habitat registration form and return it to the above address by **May 20, 2017**. Applicants will be notified by phone no later than May 30th, 2017. Thank you for applying! ☺

****The information on this scholarship application is kept *confidential*. Please postmark the completed form by **May 20, 2017** to the address above.****

Completed application packets will be reviewed in the order in which they are received.

Alaska 2017 Federal Poverty Level Guidelines
 (At 200% above poverty level)

Families are eligible if they provide the completed application form along with the required proof of income, and if they qualify under the total maximum household income as listed below. Scholarships will be awarded to eligible students on a first-come, first-served basis until all funds are distributed.

Total number of family members in household	Maximum Annual Income **
1	\$ 30,120
2	\$ 40,580
3	\$ 51,040
4	\$ 60,150
5	\$ 71,960
6	\$ 82,420
7	\$ 92,880

Turn in your application as soon as possible.
 The number of scholarships is limited!
 ** Figures reflect Adjusted Gross Income

Camper Name _____ Birth Date _____
 Age at start of camp _____ Gender: M F
 Parent/Guardian Name _____
 Address _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Work Phone _____
Military? YES NO **Camper T-shirt size (youth sizes):** XS S M L XL

	2016	Current (2017)
Total number of family members in household		
Average total monthly family income		

Proof of Income Required: You must provide a copy of your 2016 income tax return. If you would like to have this information returned to you, please provide a self-addressed stamped envelope. If no envelope is provided, the information will be shredded after 1 week.



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DIRECTIONS:

1. Please indicate which *program* you would like your child to attend by checking box below.
2. If you prefer a specific *week*, please circle the dates.
3. Indicate Amount of Parent Contribution in the appropriate box
 (NOTE: In an effort to support as many families as possible, we will only offer partial scholarships, so please indicate an accurate amount that you can contribute).

* Remember we cannot guarantee these dates but will do our best to accommodate your request.

PROGRAM	AGES	DATES (circle dates)	TUITION	\$PRICE
Nature Sprouts	Ages 4 – 5	June 12 - 16, 2017 -OR- June 19 - 23, 2017	\$140	Program Price _____ Reg. Fee: add \$25 Total Camp Cost= _____
Nature Detectives	Ages 6 – 7	July 10 - 14, 2017 -OR- July 17 - 21, 2017	\$215	Subtract Parent/Guardian contribution (suggested minimum \$50) \$ _____
Water Striders	Ages 8 -9	July 10 - 14 (incl. campout) -OR- July 19 - 21 (incl. campout)	\$265	TOTAL Financial Assistance requested: \$ _____
Refuge Adventurers	Ages 10 - 11	July 10 - 14 (incl. campout) -OR- July 19 - 21 (incl. campout)	\$265	

