



**The Arc Livingston's  
Camp & Recreation Scholarship Form**  
*Supporting People with Developmental Disabilities*

Scholarships are valued at up to \$400 per adult to attend a recreational camp or activity. All applications must be **received prior to May 30, 2025**. 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 will be distributed before June 13, 2025. 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:**

- Be an adult with an intellectual or developmental disability aged 18+.
- Be a resident of Livingston County.
- Be a recipient of SSI and/or SSDI and/or Medicaid and/or CMH services and/or meet the income requirements below.
- Provide proof or sign release of information to obtain proof of benefits, services, or income if requested.
- Camp or recreation activities must take place in 2025. *NOTE: Therapeutic camps/activities are not eligible.*

**APPLICANT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME & CONTACT INFO OF PERSON ASSISTING WITH APPLICATION (if applicable):**

**DOES THE APPLICANT HAVE AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY? YES / NO (circle one)**

**IF YES, PLEASE LIST DISABILITY:** \_\_\_\_\_

**New Scholarship** – If you have never received a scholarship from the Arc, please check the box.

**Returning Scholarship** – If you have received a scholarship from the Arc, please check the box.

The applicant is a recipient of (check all that apply):  SSI  SSDI  Medicaid  CMH services

OR, the applicant meets the income requirements below. (Eligibility should be based on the **INDIVIDUAL'S** income, or if under guardianship, on the guardian's income. Please circle one.)

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Scholarship Amount
0 - \$46,900	0 - \$63,900	0 - \$71,900	0 - \$79,850	0 - \$86,250	\$400

**Name of camp/activity applicant 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 myself/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 Individual or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of above signatory: \_\_\_\_\_

Print Name of individual or minor child(ren): \_\_\_\_\_

**The Arc Livingston**  
2980 Dorr Rd  
Brighton, MI 48843  
(517) 546-1228  
[www.arclivingston.org](http://www.arclivingston.org)