



## Program Scholarship Application

Participant:

Parent/Guardian Name (if applicable):

Phone number:  DOB  Age:

Sex:  Grade camper will be entering next school year:

Will you have other family members attending this program?  Yes  No

How many?  Names/Ages:

Address:

Email Address:

Program applying for:

Briefly describe your personal or family's financial need for a scholarship:

Does your child qualify for free/reduced lunch from school?  Yes  No  N/A

Briefly describe your child's or family's need for a healthy lifestyle/weight management program (examples: weight, BMI, nutrition, or exercise habits):

We offer very few full aid packages, how much can you afford to pay for the program per participant? \$

PLEASE RETURN FORM TO:

Address: Hurley Community Wellness, 411 E. 3<sup>rd</sup> St. Flint, MI 48503

Email: [WELL4ME@hurleymc.com](mailto:WELL4ME@hurleymc.com) • Fax: 810-237-9364