



Program Scholarship Application

Participant Name:

Parent/Guardian Names:

Phone Number: DOB: Age:

Sex: Grade child will be entering next school year:

Address:

Email Address:

Has child ever attended Camp Move It? Yes No

Health Insurance Provider:

Primary Care Physician/Pediatrician:

Physician Phone Number:

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

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

Briefly, describe your child or family's need for health and wellness education (examples: weight, BMI, nutrition, or exercise habits):

We offer very few full aid packages, how much can you afford to pay for the program for your child?

Please fill out 1 form per child. Return forms to:

Hurley Community Wellness, 411 E. 3rd St. Flint, MI 48503

Email to: Well4Me@hurleymc.com. Fax: 810-407-6723