



Dear Potential LOC Family,

We are so pleased you are interested in having your child attend our LOC Classroom program. We created this program to benefit not only students, but their parents and families as well. We recognize that the COVID-19 pandemic has put a significant strain on families looking for a safe and productive space for their children to do their schoolwork, while also being able to go to work to support themselves. Our financial assistance fund is made possible by individuals and charitable foundations, so we take great care in reviewing each applicant and their needs.

Traditionally, we have suggested that you limit your request to 30%. This is simply a guideline; if you need more assistance, we can work with you individually to try and make something work. If you need less, we can work with that too. Please understand that our funds are limited and while we seek to be generous, we also want to be sure we can help as many students as possible get to LOC.

Please print and complete the application below, then either mail or fax it back to us at the address or fax number listed on the application. You could also scan and email it to office@leelanau-kohahna.org.

Thank you for your interest in our program and for taking the time to fill out a financial assistance application. The bottom line is that we want all kids to be at camp. LOC is an investment and we will do everything we can to make this one of your best investments.

We look forward to working with you and your family,

A handwritten signature in cursive script that reads "Katie Duntley".

Katie Duntley
Director, Leelanau Outdoor Center



Financial Aid Application Form

Leelanau Outdoor Center
1653 S Port Oneida Rd.
Maple City, MI 49664
(231) 334-3808
(231) 334-6238 FAX

Student(s) Name(s)

Birthdate

1. _____	_____
2. _____	_____
3. _____	_____

Parent(s)/Guardian Name(s)

Address _____ Phone _____

(City)

(State)

(Zip)

Email address: _____

Annual Household Income:

TOTAL

- | | |
|--|----------|
| <input type="checkbox"/> Salary | \$ _____ |
| <input type="checkbox"/> Unemployment Benefits | \$ _____ |
| <input type="checkbox"/> Disability | \$ _____ |
| <input type="checkbox"/> Alimony | \$ _____ |
| <input type="checkbox"/> Pension/Retirement | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> Social Security (SSI Benefit) | \$ _____ |
| <input type="checkbox"/> Other Income (please explain below) | \$ _____ |

TOTAL COMBINED HOUSEHOLD INCOME: \$ _____

Number of dependents in household (including adults): _____

Specific percentage of tuition for which you are requesting financial assistance: _____%

On a separate piece of paper, please tell us about:

- Major financial obligations which draw on your income (Has anything changed with the COVID-19 pandemic?)
- Why you feel your family requires financial assistance
- What you are hoping your child will gain from this program

By signing this application, I verify that the above information is correct:

Signature: _____ Date: _____

