

PLEASE FILL OUT THIS FORM COMPLETELY & MAIL IT BACK TO SCAMP

Date Received _____
Date Approved _____

Bloomfield SCAMP
Recreation Department
7273 Wing Lake Road
Bloomfield Hills, MI 48301

Case NO. _____

**REQUEST FOR ASSISTANCE FROM
MICHIGAN ELKS MAJOR PROJECTS**

This information will be used by the Elks Major Project Commission to consider assistance to be given the child whose case is outline below. This form is to be filled out by a member of the Benevolent and Protective Order of the Elks, making a personal investigation of the conditions and having the knowledge that the information is true and correct. All items must be answered so that the report will be of maximum value in studying the merits of the case.

Child's Name:

_____ Last First Middle

Address:

_____ Street City Zip Code Phone Number

Gender: _____ Present Age: _____ Birthdate: _____

Child's Disability: _____

From what other agencies or organizations has help been requested? _____

What assistance has been received? _____

FAMILY REPORT

Father's Name (If Still Married): _____

Occupation: _____

Mother's Name: _____

Do they carry medical or hospital insurance? _____

Total **monthly gross** income of family from all sources: \$ _____ Number of dependent

Children living at home: _____

Yearly gross income based on last years 1040: _____

Please Note: A copy of the parents or guardian's current Michigan 1040MI Tax form must accompany request for assistance form.

Is the family of the applicant an Elk or are there any Elk members in your family? _____

If so who and what Lodge? _____

HOLD HARMLESS CLAUSE

I, _____, as the parent or legal guardian of the above-named (child) understand that the persons rendering services, professional and otherwise are independent and of and not employees, servants, or agents or the Elks Major Project Commission nor are they in any manner under its direction or control.

As the parent and/or legal guardian, I do agree to hold the Elks Major Project Commission harmless from any claim for or on behalf of myself of the (child) (recipient) (applicant) for any damages, whether from physical injury or otherwise, arising out of the transportation to and from, if provided, any examination, treatment, consultation or program, or during the course of any examination, treatment, consultation or program, in which the above named (child) (recipient) (applicant) participates.

_____ Date _____ Parent or Guardian Signature

INFORMATION BELOW IS TO BE FILLED OUT BY BLOOMFIELD SCAMP ONLY

SCAMP is recommending a scholarship be given to this child in the amount of: _____.

_____ **Chandra Madafferi ♦ SCAMP Coordinator**

INFORMATION BELOW IS TO BE FILLED OUT BY LODGE CHAIRMAN ONLY

My recommendations in this case are as follows: _____

Lodge Name _____
Address _____

City _____ Zip _____
Exalted Ruler _____

Lodge Name _____
Address _____

City _____ Zip _____
Exalted Ruler _____



Major Project Commission
P.O. Box 620
Lawton, MI 49065-0620