alphapointe™

Youth Camps

2014 Application for Financial Aid

Parent/Guardian Name:_____County of Residence:_____

Address:_____

City/State: _____Zip code:_____

Home Telephone: ( )_____Work Telephone: ( )_____

Cell Phone: ( )_____E-mail:_____

Number of persons living in household: _____

***2013 annual household income from all sources before taxes: $_____**
[Include all sources: AFDC, Alimony, Unemployment Insurance, Workers Compensation, Insurance settlements, Dividends and/or interest, Employment Wages – full and/or part-time, and any other income.]

Number of completed camper registration forms attached: _____

Names of children who will be attending camp:

_____

(Optional) Are there any special circumstances you would like us to consider?

_____

Total fees due for attached registrations (before scholarship) $_____

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Total amount of any deposits enclosed: $_____

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Additional amount our family can pay toward remaining camp fees: $_____

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TOTAL AMOUNT OF FINANCIAL AID REQUESTED: $_____

I certify that all above information is correct and that all income is reported.

_____

Parent/Guardian Signature Date