Alphapointe Adventure Camp

2012 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:	
*2011 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 ca	amp:
(Optional) Are there any special circumstances you	would like us to consider?
Total fees due for attached registrations (be	efore scholarship) \$
Total amount of any deposits enclosed:	- \$
Additional amount our family can pay tow	ard remaining camp fees: \$
TOTAL AMOUNT OF FINANCIAL AI	D REQUESTED: \$

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