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**Youth Camps**

**2015 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*2014 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