



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

Signature _____

Date _____