



List all Campers you are seeking assistance for.

Campers Last Name: _____ Campers First Name: _____ Age _____

Additional Campers: _____

Parent/Guardian Last Name: _____ First Name _____

Address: _____ Phone Number: _____

Email: _____ Do You have Title 20? Yes _____ No _____ If no, have you applied for Title 20? Yes _____ No _____

Family size: _____

PLEASE LIST **TOTAL MONTHLY INCOME** (Amount before taxes are taken out) FOR ALL MEMBERS OF YOUR HOUSEHOLD FROM THE FOLLOWING:

EMPLOYMENT \$ FOOD STAMPS \$ WELFARE \$

UNEMPLOYMENT \$	CASE #	DISABILITY \$
1000	1000	1000
2000	2000	2000
3000	3000	3000
4000	4000	4000
5000	5000	5000
6000	6000	6000
7000	7000	7000
8000	8000	8000
9000	9000	9000
10000	10000	10000
11000	11000	11000
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19000	19000	19000
20000	20000	20000
21000	21000	21000
22000	22000	22000
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26000	26000	26000
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30000	30000	30000
31000	31000	31000
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37000	37000	37000
38000	38000	38000
39000	39000	39000
40000	40000	40000
41000	41000	41000
42000	42000	42000
43000	43000	43000
44000	44000	44000
45000	45000	45000
46000	46000	46000
47000	47000	47000
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100000	100000	100000

FOSTER CARE \$ _____ SOCIAL SECURITY \$ _____ OTHER \$ _____

PLEASE LIST TOTAL MONTHLY EXPENSES:

FOOD #	RENT/MTG \$	UTILITIES \$
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HEAT \$ _____ INSURANCE \$ _____ MEDICAL \$ _____

TELEPHONE \$ DAY CARE \$ CAR \$

The actual cost per child to attend one camp week is \$155.00. Please indicate how much of the \$155.00 per week you can contribute toward the cost for your child \$ _____.

ALL FAMILIES REGARDLESS OF FINANCIAL NEED MUST PAY THE REGISTRATION FEE PER CHILD AND WILL BE RESPONSIBLE FOR FIELD TRIP FEES. IN ADDITION, FAMILIES WHO HAVE PARTICIPATED IN FUNDRAISERS DURING THE YEAR WILL RECEIVE PRIORITY.

IF NO AMOUNT IS ENTERED, WE CANNOT CONSIDER YOUR FAMILY FOR ASSISTANCE.

IMPORTANT!!! SECTION BELOW MUST BE COMPLETED TO BE CONSIDERED FOR ASSISTANCE:

Please **fully** describe your reasons for requesting CAMP SCHOLARSHIP ASSISTANCE. (If more space is needed, attach a separate sheet.)

[illegible]

“To the best of my knowledge, the information contained on this form is true and correct”

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

***Please provide proof of income. Most current income tax return, SSI letter, or food stamp's letter**

FOR OFFICE USE ONLY

Household size: _____ Monthly Income \$ _____ Scholarship: Yes _____ No _____ Scholarship Amount Awarded \$ _____