



## Youth Application for Financial Assistance

### Youth Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Group Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth lives with:

Both Parents  Mother Only  Father Only  Grandparent(s)  Other \_\_\_\_\_

### Household Income

Gross Monthly Income: \$ \_\_\_\_\_ (salary, wages, tips, commissions, etc)

All Other Assistance \$ \_\_\_\_\_ (alimony, AFDC, child support, SSI, etc)

By completing this application I am requesting financial assistance for a Camptown program. Award of financial assistance is at the sole discretion of Camptown. Any award of financial assistance does not include medical expenses for illness or injury incurred during a Camptown activity. All medical expenses are the responsibility of the Parent/Guardian. I certify that the information above is true to the best of my knowledge and that all sources of income are reported above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_