

ATTACHMENT B

Camp Downer, Inc. - Financial Assistance Application

This is an application for financial assistance toward camp fees at Camp Downer. All questions must be answered in full in order for your application to be processed. All information herein is strictly confidential.

Please note that proof of income is required. Income must be verified by your most recent IRS 1040 (pages 1 and 2), and a recent pay/benefit stub. Please black out your Social Security Number from these forms prior to submitting them to us. Further information from you may be required in order to process this application.

No application will be processed without proper income verification attached.

PARENT/GUARDIAN CONTACT INFORMATION:	
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Address:	Parent/Guardian Address if different:
Parent/Guardian Phone Number(s):	Parent/Guardian Phone Number(s):
Parent/Guardian Occupation & Employer:	Parent/Guardian Occupation & Employer:
Parent/Guardian E-mail Address:	Parent/Guardian E-mail Address:

CAMPER(S) WISHING TO ATTEND:			
Last Name:	First Name:	Age:	Session Requested:
Last Name:	First Name:	Age:	Session Requested:
Last Name:	First Name:	Age:	Session Requested:
Last Name:	First Name:	Age:	Session Requested:

PARENT/GUARDIAN HOUSEHOLD AND FINANCIAL INFORMATION:					
Number of non-listed siblings in household:			Ages of non-listed Siblings:		
Are Parents/Guardians : <input type="checkbox"/> Living Together <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Single					
Who has legal custody of camper(s) wishing to attend?					
Total # of persons in household (including children):					
Who will be responsible for payments to camp?					
Please enter below the Monthly Gross Income for those responsible for making payments to camp:					
Payee 1:	\$	Payee 2:	\$	Total:	\$
Total amount of household income:					
Have you requested a scholarship from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any special circumstances that we need to consider?					
"I certify that the above information is true and complete to the best of my knowledge. I have turned in the appropriate paperwork to verify the information provided."					
Signature:					
Printed Name:				Date:	

The scholarship award is based on availability of funds, family need, and availability of the session requested. If you have not already sent in a deposit and registration form(s), please do so and mail according to the instructions on the registration form. Do NOT include the registration with your scholarship application.

*** Privacy Statement: Camp Downer, Inc. will collect and use your personal information for Camp Downer use only. Camp Downer will not disclose any personal information to anyone without prior written consent of the individual to whom the record pertains. Any and all financial supporting documents will be destroyed after 2 years on record.**