

Section II Campership (Financial Assistance-Optional Form)

Camper Name: _____ Date Of Birth: _____

Please complete this section only if you are requesting a CAMPERSHIP (Financial Aid).

Please attach verification of income (i.e. 2006 W-2 Forms, and IRS Tax Returns). Without this information we cannot process your scholarship request and you may be expected to pay the total tuition.

OTHER HOUSEHOLD MEMBERS: List all related or unrelated persons who live in your household and share living expenses or meals.

LAST NAME	FIRST NAME	RELATIONSHIP TO CAMPER

Total number of household members (including camper): _____

TOTAL HOUSEHOLD INCOME (MONTHLY)

Salary (Gross)	
Rental Income	
Social Security	
Disability	
Unemployment	
Support/Alimony	
Welfare	
Interest/Dividends	
Other	

BANKING INFORMATION

Savings/Bank Name	Amount \$
Checking/Bank Name	Amount \$
Credit Union Name	Amount \$
Other Investments	Amount \$

Camper Name: _____ Date Of Birth: _____

EXPENSES (MONTHLY)

Rent/Mortgage	\$	Food	\$
Telephone	\$	Car, Gas, General Maintenance	\$
Heat	\$	Insurances	\$
Electric	\$	Other	
Gas	\$		

LIABILITIES (Include medical bills and payments)

CREDITOR	MONTHLY PAYMENT	BALANCE
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

Social Worker: _____ Telephone: (____) _____

Has the family requested financial assistance toward camp tuition from any other source, i.e.,
Lions, Kiwanis, Rotary Club?

No Yes If yes, what source? _____

ADDITIONAL COMMENTS (Such as recent illness or disability we should be aware of): _____

SIGNATURE: _____ **DATE:** _____

(Parent or legal guardian)

FOR OFFICE USE ONLY

Camp Casey Campership Awarded \$ _____

Parent/Guardian Payment \$ _____ Date _____

Other Payments \$ _____