

CAMPERSHIP APPLICATION - MUST FILL OUT ENTIRE FORM

Child's Name: _____ Date of Birth: _____

Person filling out form: _____ Age: _____

Relationship to child: _____

Address:

Phone #: _____

Total living in household: _____

Marital Status: Single — Married — Separated — Divorced — Widow (Circle One)

Brothers and Sisters currently living in household and Dates of Birth:

1. _____

2. _____

3. _____

4. _____

Parent/Guardian 1 total gross wages per week \$ _____ *Must include a month's worth of pay stubs with application.

Parent/Guardian 2 total gross wages per week \$ _____ *Must include a month's worth of pay stubs with application.

Please list all income from all sources:

AFDC _____ SSI _____ Child Support weekly total _____ (Complete additional Child Support Verification)

Have you applied elsewhere for campership aid? Yes \ No Where? _____

Child Support Verification Form

Parent Name: _____

Name of Child(ren):

1. _____ (DOB) _____

2. _____ (DOB) _____

3. _____ (DOB) _____

4. _____ (DOB) _____

SELECT ONE OF THE FOLLOWING OPTIONS:

I, _____ receive \$ _____ weekly/bi-weekly/monthly In child support payments from _____ for my child(ren). If child support has been court ordered or if the payment is paid by check, a photocopy of the court order of the most recent amendment, copies of checks from the payer, or child support verification from the Department of Revenue is needed.

I, _____ DO NOT RECEIVE child support for my child(ren).

Applicant's Name: _____ (please print)

Applicant's Signature: _____

Date: _____