

**TEEN CAMP
FINANCIAL ASSISTANCE**



Applicant First Name (Parent / Guardian): _____

Applicant Last Name (Parent / Guardian): _____

Applicant Email: _____ Applicant Telephone: _____

Camper First Name : _____ Camper Last Name : _____

Age: _____ Date of Birth: _____ Sex: _____

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____

DETAILED INFORMATION FOR FINANCIAL AID APPLICATION:

(to be completed by Parent / Guardian)

Gross Household Income in 2011 : _____

Current Employer of Applicant: _____

Spouse's Current Employer (if applicable): _____

Please note that we may request to see a copy of your (and spouse's) 2011 income tax return as proof of household income and financial assistance need.

WRITTEN STATEMENT

In 500 words or less, please write a personal statement describing your current financial situation and need for aid in the space provided below. Also, include how you and your child will apply the new skills learned to work, school and/or personal life.