

# Wayside Kidz Camp

## Application for Financial Aid



LOVE GOD! LOVE FRIENDS! LIVE SUMMER!

- All information is personal and confidential and will be used only to determine camp rate.
- Aid is limited and available on a first-come, first-serve basis.
- We request that you keep your final tuition rate confidential as we are not supported by any other agency and financial aid is based on donations. We cannot extend your rate to others.

Name (Last, First, Middle): \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Housing Information:**

Rent                       Live w/Family                       Other: \_\_\_\_\_  
 Live w/Friends                       Own                      # of people in home (including yourself): \_\_\_\_\_

**Children Living at Home:**

Name _____	DOB _____	Medicaid Y/N	WIC Y/N	Foster Child Y/N
Name _____	DOB _____	Medicaid Y/N	WIC Y/N	Foster Child Y/N
Name _____	DOB _____	Medicaid Y/N	WIC Y/N	Foster Child Y/N
Name _____	DOB _____	Medicaid Y/N	WIC Y/N	Foster Child Y/N

**Financial Information:**

Any member of household:     Disabled                       Receiving Food Stamps                       Receiving SSI  
 Single parent:                      Y/N    Receiving Child Support:    Y/N                      \$ \_\_\_\_\_ per month  
 Employed:                      Y/N    Where: \_\_\_\_\_                      How Long: \_\_\_\_\_  
 Others in house employed:    Y/N    Where: \_\_\_\_\_                      How Long: \_\_\_\_\_  
 Monthly Combined Household Income: \_\_\_\_\_  
 Monthly Expenses: Mortgage/Rent \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Car Payment \$ \_\_\_\_\_  
 Utilities (gas, electric, water) \$ \_\_\_\_\_ Grocery \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Church Affiliation:**

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Member Y/N  
 What amount could you reasonably pay each week without causing financial hardship? \$ \_\_\_\_\_  
 Signature of Person Completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_ Approved: Y/N  
 Weekly Rate Proposed: \$ \_\_\_\_\_ Accepted by Parent Y/N  
 Parent's Signature: \_\_\_\_\_  
 Camp Director: \_\_\_\_\_