



Military/Veteran's Benefit			
Retirement/Pension Plan			
Unemployment Compensation			
Worker's Compensation			
Child Support/Alimony			
Income from relatives			
Financial Aide			
Utility Allowance			
Other (specify):			

**EXPENSES**

Type	Amount	Type	Amount
Food	\$	Internet	\$
Rent	\$	Cable	\$
Mortgage	\$	Child Care	\$
Electricity	\$	Rent A Center	\$
Propane/K-1	\$	Car Payment	\$
Heating Fuel	\$	Car Insurance	\$
Household/Personal Supplies	\$	Loan Payments	\$
Prescriptions/Medical	\$	Credit Card Payments	\$
Water	\$	Credit Card Payments	\$
Sewer	\$	Other (specify):	\$
Telephone	\$	Other (specify):	
Cell Phone	\$	<b>TOTAL MONTHLY EXPENSES</b>	
Landlord's name, address, and telephone number:		Mileage to work (both ways):	
		Number of days worked in a week:	

Is your child eligible for free or reduced lunch at school Yes\_\_\_ No\_\_\_

**PROGRAM INFORMATION**

Please list the children who are applying for camp scholarship		Amount I feel I can contribute:	
Child's Name	grade entering Sept., 2024	Program Desired	List which week(s) you would like your child to attend

**RIGHTS AND RESPONSIBILITIES**

**STATEMENT OF APPLICANT:** I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. This includes: landlord, employer, Department of Health and Human Services, Social Security, any department of the State and Local Government, and the Park and Recreation Director.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date