

Date of Application:



FINANCIAL ASSISTANCE APPLICATION

Child's Information:

Child's Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
School Name: _____ Current Grade: _____

Parent/Guardian Information:

Parent/ Guardian Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Email Address: _____ Home Telephone #: (____) _____
Cell Phone #: (____) _____ Work #: (____) _____
Place of Employment: _____
Employer's Address: _____ City: _____ Zip Code: _____

Parent/ Guardian Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Email Address: _____ Home Telephone #: (____) _____
Cell Phone #: (____) _____ Work #: (____) _____
Place of Employment: _____
Employer's Address: _____ City: _____ Zip Code: _____

Please provide us with the following documents to determine eligibility:

- Most recent tax return (only need page that lists dependents and gross annual income)
- Last two consecutive paystubs or other proof of income (ex: SSI, unemployment, letter of offer)
- Reduced or free lunch meal letter (if applicable)

Please indicate which session(s) and extended care (if applicable) you are interested in for this camp season:

I certify that all of the information I have provided on this document is true and correct.

Signature

Date

****Please submit this application to Tiffany Wilson, Camp Director via email at tiffany@millriverpark.org. Allow up to 7 business days for your application to be processed. Submitting incomplete applications will only delay processing time.***