

The following guidelines are provided to help determine if your child meets our criteria. If your total household income **exceeds our income guidelines** and there are extenuating circumstances that contribute to financial need, please complete section B as well.

<i>Total Family Size (Adults + Children)</i>	Total Household Income
<i>2 People</i>	Less than \$43,950
<i>3 People</i>	Less than \$49,450
<i>4 People</i>	Less than \$57,720
<i>5 People</i>	Less than \$67,680
<i>6 People</i>	Less than \$77,630
<i>7 People</i>	Less than \$87,580
<i>8+ People</i>	Less than \$97,540

Section A:

Number of Adults _____ + Number of Children in Household: _____ = Total Family Size: _____

What is your TOTAL Annual Household Income?

Please include payments from child support, social assistance, disability, unemployment, etc.

- less than \$43,950
 \$43,951-\$49,450
 \$49,451-\$57,720
 \$57,721-\$67,680
 \$67,681-\$77,630
 \$77,631-\$87,580
 \$87,581-\$97,540
 over \$97,541 _____

Sources of Income (Please check all applicable boxes):

- Wages
 AFDC
 Welfare
 Social Security
 Other _____

Section B:

Has your family gone through any recent changes which have impacted your household income (change in employment, return to school, adult child returning home, unexpected medical expenses, etc.)?

Please describe the cost of any **additional** financial obligations to consider (ie. \$200/month for prescription medications).

Please describe your child: _____

Please list your child's interests/hobbies: _____

Does your child have any behavior considerations that might cause concern while at camp? _____

Please list any medical concerns that might affect your child's participation in camp activities? _____

Why do you feel attending camp would be beneficial for your child? _____

Camp(s) of interest: _____

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only

Date Received:

Date Processed:

Date Notified:

Additional Notes: