

**PLEASE CHECK ONE**

Before and After School Program

Summer Adventure Program

**PARENT/ADULT INFORMATION**

Parent/Guardian Name (1): \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  unemployed  student

Parent/Guardian Name (2): \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  unemployed  student

**CHILD/CHILDREN INFORMATION**

Child (1): \_\_\_\_\_ Grade: \_\_\_\_\_

Child (2): \_\_\_\_\_ Grade: \_\_\_\_\_

Child (3): \_\_\_\_\_ Grade: \_\_\_\_\_

Child (4): \_\_\_\_\_ Grade: \_\_\_\_\_

**MONTHLY HOUSEHOLD INCOME**

Source	Adult 1	Adult 2	Household Total
Wages, tips			
Child Support			
Gov., SSI, Disability			
Other			
<b>Total Monthly Income</b>			

## FINANCIAL INFORMATION

1. What is your monthly rent/mortgage payment \$ \_\_\_\_\_

Do you live in  public housing  section 8 housing  base housing

2. Do you have unusual monthly bills such as medical or legal?  Yes  No  Other

If yes, total amount you actually pay per month \$ \_\_\_\_\_

3. Have you applied for Child Care Assistance?  Yes  No

a. Approved, Parent co-pay \$ \_\_\_\_\_ authorization expires \_\_\_\_\_ (must answer)

b. Don't qualify or denied, reason: \_\_\_\_\_

c. Waiting for appointment on \_\_\_\_\_ (date)

d. Did not apply. Give specific reason: \_\_\_\_\_

4. What portion of the monthly program fee can you pay? \_\_\_\_\_

5. Do you plan to use Camp Fire programs during (check all that apply):

spring break

early release/half days

in-service days

winter break

## ADDITIONAL INFORMATION

*Share your story. We'd like to learn more about you and why you are asking for support. This information is extremely helpful to us in order to keep our scholarship program running and to report out to our donors and funders who make this program possible.*

1. Why would you like your child to attend Camp Fire?

2. Why do you need this scholarship?

Date: \_\_\_\_\_ Registering Parent/Adult Signature: \_\_\_\_\_