

PLEASE CHECK ONE

Camp K on Kenai Lake (overnight camp)

Camp Si-La-Meo (day camp)

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			
Total Monthly Income			

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 \$ _____

Camper's Name: _____ Date of Birth: _____

Camp Dates: _____ Session Cost: _____ Amount You Can Pay: _____

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?

2. Why do you need this scholarship?

Please have or help your camper complete this section. The camper may use additional paper if needed.

1. How could you contribute to the camp experience of your fellow campers?

2. What do you hope to gain from a camp experience?

Date: _____ Camper Signature: _____

Registering Parent/Adult Signature: _____