

LA-SPORTS KIDZ

Summer Camp Financial Assistance Application

To apply for financial assistance, please complete this application and return with registration form. Please note that financial assistance is income based only completed applications with required documents will be considered.

1. Camper's Name: _____ Birth Date: (Required) _____

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Parent/Guardian's Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Please fill in all the items below:

(You may not apply for BOTH the Sibling Discount and Financial Assistance)

Annual Household Income: _____ **# in Household:** _____

Verification:

To process your application, we will need the following information for all adults in the household to verify income (as applies) Please check off items attached:

- Last two pay stubs Unemployment check stubs Child support
- Social Security or disability Retirement/pension income Welfare Assistance /AFDC/ TANF payment stub

Please describe any special circumstance that should be taken into consideration when reviewing your application for a summer camp financial assistance: (You may attach additional pages if necessary)

I certify that all statements above are true and correct.

Parent Signature: _____ Date: _____

Received by:	Date:
Scholarship Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Award:	Date Award / Decision Letter Mailed: