

CHILD CARE ASSISTANCE APPLICATION **Camp U**

The purpose of this form is to establish eligibility for child care assistance * PARENTS **MUST** REAPPLY AFTER EACH YEAR
INCOMPLETE CHILD CARE ASSISTANCE APPLICATIONS WILL BE RETURNED UNPROCESSED.

CHILD'S NAME	Grade/Teacher	SECOND CHILD'S NAME	Grade/Teacher
THIRD CHILD'S NAME	Grade/Teacher	FOURTH CHILD'S NAME	Grade/Teacher

PARENT / APPLICANT	HOME PHONE NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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EMPLOYER	HOW LONG? ____YR ____MO	OCCUPATION	GROSS MONTHLY INCOME
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ADDRESS	PHONE NUMBER	EXTENSION
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PARTNER / SPOUSE EMPLOYER	HOW LONG? ____YR ____MO	OCCUPATION	GROSS MONTHLY INCOME
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ADDRESS	PHONE NUMBER	EXTENSION
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PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE

PLEASE READ CAREFULLY
 TO PROCESS YOUR APPLICATION IN THE MOST EFFICIENT MANNER, YOU MUST INCLUDE ALL REQUIRED DOCUMENTS.

- Two most recent paycheck stubs from the applicant and partner or spouse. We will also accept a letter from your employer on company letterhead stating your monthly gross income.
- List the type of assistance you receive and amount: Student Loans: \$ _____/How much of Student Loan is Tuition Fees? \$ _____
 SSI: \$ _____ Child Support: \$ _____ Rental Income: \$ _____
 AFDC: \$ _____ Medical Aid: \$ _____ Investments: \$ _____ SSD: \$ _____
 Section 8 Housing: \$ _____ Other (Please describe): \$ _____
 Food Stamps: \$ _____ Alimony: \$ _____

Please enclose photocopies only. Original documents will not be returned. If there are financial changes in your income, you must notify Camp U. Please be aware you may be required upon request to provide a new application updating your records to qualify for financial assistance.

I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of Camp U. Failure to provide updated information will result in termination of financial assistance. Scholarship awards may be revoked if childcare payments are not made in a timely manner.

Signature _____ Date _____

Your signature indicates that you have read and understand the policies and procedures of the Camp U scholarship program.

OFFICE USE ONLY

TOTAL INCOME	SCHOLARSHIP %	EFFECTIVE DATE	NOTIFICATION DATE
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