



Client #	_____
Scholarship \$	_____
Fees to be Paid \$	_____
Vol Serv Comp	_____

CAMP FIRE USA WTX COUNCIL
APPLICATION FOR FINANCIAL ASSISTANCE

Today's Date _____

A. Personal Data

Applicant's Name _____ Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Relation to Child/Children _____ Household Size _____

US Citizen: __Yes__ No Race: __Amer. Indian__ Black __Hispanic__ Asian __Caucasian__ Other

Child Name/Age/Camp Fire Program:

Spouse Name: _____ Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Relation to Child/Children _____ Household Size _____

US Citizen: __Yes__ No Race: __Amer. Indian__ Black __Hispanic__ Asian __Caucasian__ Other



B. Employment Data

Father's Occupation _____ Years/Months employed _____

Employer's Name and Address _____

Mother's Occupation _____ Years/Months employed _____

Employer's Name and Address _____

Other Household Member

Occupation _____ Years/Months employed _____

Employer's Name and Address _____

Occupation _____ Years/Months employed _____

Employer's Name and Address _____

C. Household Survey Please list all persons living in the household.

Name-	Relationship-	Age-	Sex-
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Income Verification

List ALL sources of income and ATTACH verification of income.

Father's Monthly Income:

- Social Security \$ _____
- Supp Social Security \$ _____
- Emply Retirement Bene \$ _____
- AFDC \$ _____
- Disability \$ _____
- UnEmploy Benefits \$ _____

Mother's Monthly Income

- Social Security \$ _____
- Supp Social Security \$ _____
- Emply Retirement Bene \$ _____
- AFDC \$ _____
- Disability \$ _____
- UnEmploy Benefits \$ _____



Father's Monthly Income Con't :

Salary & Wages \$ _____
 Child Support \$ _____
 Self-Employ Income \$ _____
 Veteran Benefits \$ _____

Mother's Monthly Income Con't

Salary & Wages \$ _____
 Child Support \$ _____
 Self-Employ Income \$ _____
 Veteran Benefits \$ _____

Father's Total Income \$ _____

Mother's Total Income \$ _____

Other Household Income: (Please list all other sources of income for each person living in the house.)

Name:	Relationship to Child:	Income Source:	Monthly Income:
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List all other sources of Financial Aid Requested:

Agency: _____ Type of Aid: _____

Amount Requested: _____ Amount of Aid Approved _____

Agency: _____ Type of Aid: _____

Amount Requested: _____ Amount of Aid Approved _____

Agency: _____ Type of Aid: _____

Amount Requested: _____ Amount of Aid Approved _____



E. Certification

I authorize the release of Verification of Income, Employment, Family Status and any other pertinent data required to process this Assistance Application. The authorization is given with the understanding that such information will be strictly confidential. I do hereby swear and attest that all of the information about me is true and correct.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATS THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE AND FRADULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. WHOSEVER MAKES FALSE STATEMENTS SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS OR BOTH.

Father's Signature

Date

Mother's Signature

Date

F. Volunteer Time Documentation

Date of Serv	# Hours Completed	Task	Staff Signature

