

2019 Application for Financial Assistance

Camp Seven Rivers

In order to be considered for financial assistance, please complete this form and send to Seven Rivers Presbyterian Church along with a letter explaining your need by May 1. Upon receipt your information will be reviewed by the financial assistance team and you will be notified by email regarding your request.

1 List all children currently living in your household.

FIRST NAME	MI	LAST NAME	BIRTHDATE	GRADE	ATTENDING CAMP?
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	YES NO
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	YES NO
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	YES NO
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	YES NO
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	YES NO

2 If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income. \$.00

3 List all adults currently living in your household. List total gross monthly income before taxes and deductions for each.

Print first and last name of all adults living in your household	Employer	Check Box if No Income	Earnings from work before deductions (monthly)	Welfare payments, child support/alimony (monthly)	Pay from pensions, retirement/social security (monthly)	Any other income (monthly)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
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To determine MONTHLY income: Multiply Weekly Income X 4.33, or Every 2 Week Income X 2.165, or Twice a Month Income X 2.

4 Please list which week(s) of Camp Seven Rivers you would like your child(ren) to attend. _____

5 Will you require before camp care (8:00-9:00 am)? YES NO **6** How much can you contribute weekly to camp cost? \$.00

7 Additional information:

Your Name: _____ Marital Status: Single Married Divorced Separated Widowed Cell Phone: _____

Home Phone: _____ Work Phone: _____ Email: _____

Please send this form along with a letter explaining your need to:
 Camp Seven Rivers, Attn: Camp Director
 4221 W. Gulf to Lake Hwy., Lecanto, FL 34461