

**CAMPERSHIP APPLICATION - MUST FILL OUT ENTIRE FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person filling out form: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Total living in household: \_\_\_\_\_

Marital Status: Single — Married — Separated — Divorced — Widow (Circle One)

Brothers and Sisters currently living in household and Dates of Birth:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Parent/Guardian 1 total gross wages per week \$ \_\_\_\_\_ \*Must include a month's worth of pay stubs with application.

Parent/Guardian 2 total gross wages per week \$ \_\_\_\_\_ \*Must include a month's worth of pay stubs with application.

Please list all income from all sources:

AFDC \_\_\_\_\_ SSI \_\_\_\_\_ Child Support weekly total \_\_\_\_\_ (Complete additional Child Support Verification)

Have you applied elsewhere for campership aid? Yes \ No Where? \_\_\_\_\_



**Child Support Verification Form**

Parent Name: \_\_\_\_\_

Name of Child(ren):

1. \_\_\_\_\_ (DOB) \_\_\_\_\_

2. \_\_\_\_\_ (DOB) \_\_\_\_\_

3. \_\_\_\_\_ (DOB) \_\_\_\_\_

4. \_\_\_\_\_ (DOB) \_\_\_\_\_

SELECT ONE OF THE FOLLOWING OPTIONS:

I, \_\_\_\_\_ receive \$ \_\_\_\_\_  
weekly/bi-weekly/monthly In child support payments from  
\_\_\_\_\_ for my child(ren). If child support has been  
court ordered or if the payment is paid by check, a photocopy of the court order of the most  
recent amendment, copies of checks from the payer, or child support verification from the  
Department of Revenue is needed.

I, \_\_\_\_\_ DO NOT RECEIVE child support  
for my child(ren).

Applicant's Name: \_\_\_\_\_ (please print)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_