

EASTERN PENNSYLVANIA CONFERENCE CAMP & RETREAT MINISTRY APPLICATION FOR FINANCIAL AID

To apply for financial aid for camp, carefully complete, sign and return this form to the camp. If you need help with this form, please call the camp for assistance.

Camp Innabah, 712 Pughtown Road, Spring City, PA 19475
Phone -610-469-6111 Fax 610-469-0330

1. Name of Child _____
Last Name First Age

2. Households Receiving Food Stamps or Temporary Aid to Needy Families
 If you are NOW receiving food stamps or TANF for THIS child, you may give your food stamps number or TANF number. If you complete Part 2, do not complete Part 3. You must complete the signature section.

Yes, I received food stamps or TANF for this child this month

Food Stamp Case Number _____
 Or
 TANF Case Number _____

3. All Other Households
 If you did not give a food stamp or TANF number, you must complete this section

HOUSEHOLD MEMBERS: List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use the back of this form.

INCOME: List all income received last month on the same line with the person who received it. You must use gross income BEFORE deductions for taxes, social security, etc. List each amount in the correct column. The camp will total the monthly income.

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME				
NAME (Last, First)	Age	Monthly Earnings From Work (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Other Income Received Last Month
		Job 1	Job 2			

4. Signature
 I certify that all the above information is true and correct and that all income is reported. I understand that the information is being given to determine eligibility for financial aid for camp.

 Signature of Adult

 Date Signed

 Printed Name of Adult

 Relationship to Child/Camper

