

**CAMP DAGGETT
FINANCIAL ASSISTANCE REQUEST**

Date: _____

1. Applicant (adult) Name: _____ Date of Birth: ____/____/____

2. Home Address: _____

City: _____ State: _____ Zip: _____

3. Home Phone: _____ Work Phone: _____ Other: _____

4. Dependents or other persons living in same residence: (please list ALL household members)

Name	Relationship	Birth Date	Requesting Funding for this person?
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

5. Applicants employer: _____ Phone: _____

____ full time ____ part time ____ self employed ____ seasonal work hours per week _____

6. Spouse/Other Person's employer: _____ Phone: _____

____ full time ____ part time ____ self employed ____ seasonal work hours per week _____

7. Current Income of Household:

Applicant's Employment \$ _____ ____ monthly ____ annually

Spouse/Others Employment \$ _____ ____ monthly ____ annually

Child Support \$ _____ ____ monthly ____ annually

Disability \$ _____ ____ monthly ____ annually

SSI \$ _____ ____ monthly ____ annually

Alimony \$ _____ ____ monthly ____ annually

Food Stamps \$ _____ ____ monthly ____ annually

Other \$ _____ ____ monthly ____ annually

TOTAL INCOME: \$ _____ ____ monthly ____ annually

8. Attach Federal Income Tax Return for most current year: If you do not have a tax return, please explain

9. Does any member of your family have a special need or disability? ___yes ___no

If so, who? _____ what? _____

PLEASE READ THE FOLLOWING CAREFULLY:

A sliding scale based on total annual income will be used in determining financial assistance to be provided (if any). Extenuating circumstances affecting living expenses (i.e. medical, catastrophe, debt, etc.) will also be considered.

By signing this application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have assistance revoked and be held personally responsible for all illegally obtained funds.

I hereby give my consent for release of all the above information for potential financial assistance. I have attached all documentation. I understand that this documentation will be used to assess my fees.

Financial assistance is for a one-year period. **New applications must be completed annually.**

Signature of Applicant (must be at least 18)

Date

Process of Financial Assistance:

1. Complete and sign application.
2. Attach copy of most current income tax form and 2 recent paycheck stubs for each employed person listed on application.
3. Mail application to:
Camp Daggett
Financial Assistance
03001 Church Road
Petoskey, MI 49770
4. Allow 1-2 weeks for processing.