

Parent/Guardian First name	Parent/Guardian Last Name	Middle initial	Relationship to camper(s)
Child's First Name	Child's Last Name	Age/Grade	Foster Child Agency Name (If applicable)
<b>Church/Civic Club:</b>		<b>Military:</b> *A current family member is serving or has served in the military. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you requested for financial aid from another source other than Hat Creek Camp? <i>If YES, please list the company or organization:</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has family requested financial aid in previous years from Hat Creek Camp? <i>If YES, what year?</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>In the spaces below, state why funds are needed. Add any facts that you believe will help in evaluating your request. [please attach additional pages in necessary]</b>			

YEAR 2016 SUMMER CAMP FEES	\$ 250.00 1 <sup>st</sup> Child	\$250.00 2 <sup>nd</sup> Child	\$250.00 3 <sup>rd</sup> Child	\$250.00 4 <sup>th</sup> Child
DEPOSIT AMOUNT SENT WITH APPLICATION	\$	\$	\$	\$
TOTAL I AM ABLE TO PAY FOR EACH CHILD	\$	\$	\$	\$
CAMPERSHIP AMOUNT I AM REQUESTING	\$	\$	\$	\$
MY BALANCE DUE	\$			

Please be sure you have included item 1 & item 2 - if it applies to your family

1. Copy of your 2013-2014 Income Tax Form  
(Please black out SS# on forms turned into Hat Creek Camp.)
2. Statement of Foster Care Agency Funding if camper is a foster Child.

I understand my application will not be processed unless I have included each of the above documentation including proof of income and completed all required information. All fees need to be paid prior to child attending Camp.

Signature of Parent/Guardian who prepared this Form: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
date

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_