



## 2010 Camper Assistance Fund Application

Complete only ONE form per family.

Return COMPLETED & SIGNED application to:

CYC, 2131 Fairview Ave N #200, Roseville, MN 55113 Mail, fax or email to: [office@cycamp.org](mailto:office@cycamp.org).

**Please fully complete each section below—incomplete applications will not be considered.**

**\*\*Application Deadline - April 30, 2010.\*\***

**\*CYC is unable to fully fund campers. Financial assistance will only be available up to 50% of camp fees.**

Camper 1 \_\_\_\_\_ Grade Completed, June 2010 \_\_\_\_\_  
 Camper 2 \_\_\_\_\_ Grade Completed, June 2010 \_\_\_\_\_  
 Camper 3 \_\_\_\_\_ Grade Completed, June 2010 \_\_\_\_\_  
 Camper 4 \_\_\_\_\_ Grade Completed, June 2010 \_\_\_\_\_

Primary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ E-mail \_\_\_\_\_

1<sup>st</sup> Parent/Guardian  
 Name: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian  
 Name: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

My household has \_\_\_\_\_ members including the parents and the dependents I claim on my federal income tax return. List the **NAMES** and **DATES OF BIRTH** for all persons in the household below:

1. _____	Date of Birth _____
2. _____	Date of Birth _____
3. _____	Date of Birth _____
4. _____	Date of Birth _____
5. _____	Date of Birth _____
6. _____	Date of Birth _____
7. _____	Date of Birth _____
8. _____	Date of Birth _____
9. _____	Date of Birth _____

1) Total monthly household take home pay (BEFORE taxes):	1) \$ _____
2) Monthly child support received:	2) \$ _____
3) Other monthly income or support (please specify):	3) \$ _____
4) Public assistance County _____ Case Worker _____ Case # _____	4) \$ _____
5) Total Monthly Income (Add lines 1 through 5)	5) \$ _____
6) How much are you able to contribute to your child(ren)'s fees?	6) \$ _____

