



APPLICATION FOR FINANCIAL ASSISTANCE - CAMBERSHIP

Name of Applicant: _____ Date: _____

Applicant's Address: _____
(Street) (City) (Zip)

Phone No.: (____) _____ Date of Birth: _____ Sex: _____

Name of Parent/Guardian of Applicant: _____

Parent/Guardian Address (if different from applicant): _____

Referred by: _____ Tel: _____

Brief description of applicant (i.e. Special Needs-diagnosis):

Camp to be attended: _____

Camp Address: _____

Approximate cost: \$ _____

Other agencies involved: _____ Tel: _____

Please describe any other summer arrangements (respite care, summer school or day program, other camps or recreation programs applicant will be attending.): _____

Public Assistance Received:

Do you currently receive public assistance in any of the following categories? If so, please include the amount received.

YES	NO	AMOUNT		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Aid to Families with Dependent Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Disability Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
General Relief		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Security or SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Medicaid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Medicare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (Unemployment, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Total Annual **Family** Gross Income: (income before taxes deducted)

- Under \$9,000
- \$9,000 to \$15,000
- \$15,000 to \$20,000
- \$20,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$50,000
- Over \$50,000 (Please specify amount \$ _____)

Number of persons living on total income: _____

Any additional income (describe): _____

Do you rent? _____ Do you own your home? _____ Monthly Payments: \$ _____

Other outstanding expenses or extraordinary circumstances: _____

To the best of my knowledge, the above information is accurate and complete.

Signature of Applicant/Parent/Guardian: _____ Date: _____

Return all completed applications to:

UCP of MetroBoston
Family Support Campership Program
71 Arsenal Street
Watertown, MA 02472

Completed applications must be received no later than Monday, April 30, 2018.