

MERCY DRIVE ENRICHMENT CAMPS, INC.

Financial Assistance Application

Please complete the information requested in as much detail as possible and return to the Mercy Drive Enrichment Camps office. Your application will be reviewed and you will be notified of any decisions, or there may be a request for additional information. This application does not guarantee participation in programs, but will be used for the sole purpose of determining approval and the amount of financial assistance.

APPLICANT INFORMATION

Applicant's Name _____

Home Phone _____

Street Address _____ City _____

State _____ Zip _____

Children Name(s)

- 1. _____ Birthday ____/____/____
- 2. _____ Birthday ____/____/____
- 3. _____ Birthday ____/____/____
- 4. _____ Birthday ____/____/____

Please indicate which program(s) you are seeking financial assistance for:

| PROGRAM NAME | CHILD'S NAME | LOCATION | FEES |
|--------------|--------------|----------|------|
| | | | |
| | | | |
| | | | |
| | | | |

FINANCIAL INFORMATION

Employer _____ Position _____
Address _____ Gross Monthly Earnings \$ _____
_____ Work Phone _____

Spouse's Employer _____ Position _____
Address _____ Gross Monthly Earnings \$ _____
_____ Work Phone _____

Please list additional monthly income (child support, welfare payments, unemployment, etc.)

- y _____ \$ _____
- y _____ \$ _____
- y _____ \$ _____
- y _____ \$ _____

Please list any extraordinary family expenses (medical, alimony, educational loans, etc.):

| TYPE | AMOUNT |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list all persons that you support:

| NAME | AGE | RELATIONSHIP |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you own your home? YES _____ NO _____

Do you rent? YES _____ NO _____

Monthly Rent/Mortgage Payment \$ _____

Please share your reason for financial assistance or indicate other factors you wish to be considered:

I understand that all information given to the Mercy Drive Enrichment Camps, Inc. will be kept confidential. (I understand that the information that I provided will be evaluated to determine whether I qualify for financial assistance.) I understand that all financial assistance is awarded based on the availability of funds and that this application is good for one year from the date the application was received. I will make the Mercy Drive Enrichment Camps, Inc. of any changes in my financial status and I understand that I may be requested to complete another financial assistance form. To the best of my knowledge, all of the information I have provided is true and complete. I understand that any falsification of information requested will forfeit eligibility for any financial assistance.

Signature _____

Date _____

For Office Use Only

Date Application Received _____

Date Application Approved _____

Approved Yes No

Amount of Assistance Approved _____