



SUMMER DAY CAMP FINANCIAL ASSISTANCE INFORMATION AND APPLICATION

Please read the following:

General Information

Rock Solid is seeking to make an impact, one life at a time and in doing so, believes that everyone should be able to participate in our programs, regardless of financial circumstances. Thanks to the generosity of our donors, we are able to provide financial assistance based on family size and income. Our funds we have available are based solely on what we raise, therefore, funds are limited.

- ☞ Summer Day Camp 2011 Financial Awards are valid only for Summer Day Camp 2011.
- ☞ All information submitted as part of the financial assistance process is considered to be confidential.
- ☞ It is our goal to review completed assistance applications and respond within 10 working days of review.
- ☞ We must have completed applications turned in 10 days prior to the week(s) of camp you wish to attend.
- ☞ Refunds and pro-rates will not be granted on payments made prior to Financial Assistance approval.

How To Apply

To apply for summer camp financial assistance, please complete the attached form along with the following information:

- ☞ Along with your application, you must submit a copy of 2 of your most recent pay stubs and your 2010 Federal income tax return. AFDC and SSI recipients must include a copy of your disbursement voucher. **APPLICATIONS WILL NOT BE PROCESSED WITHOUT COMPLETE DOCUMENTATION.**
- ☞ If you are not the camper's parent, you **MUST** provide proof of legal guardianship.
- ☞ Turn in completed application at the Rock Solid office at 9333 Linwood Avenue. Our office is located in Calvary's Family Life Center. You may also mail your completed documents to P.O. Box 18224, Shreveport, LA 71138. **An interview will then be scheduled to go through the documents.**
- ☞ Information regarding the amount of financial assistance granted will either be mailed to the address on your completed application or you will receive a phone call at the number on your application within 10 days of receipt of the application.

ROCK SOLID CAMPS

Confidential

APPLICATION for Financial Assistance for 2011 Summer Camps

Date of Application: _____ Parent/Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____

Employers Name: _____ Telephone: _____

How many adults are in the household? _____ How many children are in the household? _____

Please list the name of your child/children on the lines provided, and mark the camp(s) he/she wishes to attend:

Child #1 Name: _____ Age: _____

- | | | |
|--|---|---|
| <input type="radio"/> Day Camp | <input type="radio"/> Sports Camp | <input type="radio"/> Leaders In Training Program |
| <input type="radio"/> Week 1 (May 31-June 3) | <input type="radio"/> Week 5 (June 27-July 1) | <input type="radio"/> Week 9 (July 25-29) |
| <input type="radio"/> Week 2 (June 6-10) | <input type="radio"/> Week 6 (July 5-8) | <input type="radio"/> Week 10 (August 1-5) |
| <input type="radio"/> Week 3 (June 13-17) | <input type="radio"/> Week 7 (July 11-15) | <input type="radio"/> Week 11 (August 8-10) |
| <input type="radio"/> Week 4 (June 20-24) | <input type="radio"/> Week 8 (July 18-22) | |

Child #2 Name: _____ Age: _____

- | | | |
|--|---|---|
| <input type="radio"/> Day Camp | <input type="radio"/> Sports Camp | <input type="radio"/> Leaders In Training Program |
| <input type="radio"/> Week 1 (May 31-June 3) | <input type="radio"/> Week 5 (June 27-July 1) | <input type="radio"/> Week 9 (July 25-29) |
| <input type="radio"/> Week 2 (June 6-10) | <input type="radio"/> Week 6 (July 5-8) | <input type="radio"/> Week 10 (August 1-5) |
| <input type="radio"/> Week 3 (June 13-17) | <input type="radio"/> Week 7 (July 11-15) | <input type="radio"/> Week 11 (August 8-10) |
| <input type="radio"/> Week 4 (June 20-24) | <input type="radio"/> Week 8 (July 18-22) | |

Child #3 Name: _____ Age: _____

- | | | |
|--|---|---|
| <input type="radio"/> Day Camp | <input type="radio"/> Sports Camp | <input type="radio"/> Leaders In Training Program |
| <input type="radio"/> Week 1 (May 31-June 3) | <input type="radio"/> Week 5 (June 27-July 1) | <input type="radio"/> Week 9 (July 25-29) |
| <input type="radio"/> Week 2 (June 6-10) | <input type="radio"/> Week 6 (July 5-8) | <input type="radio"/> Week 10 (August 1-5) |
| <input type="radio"/> Week 3 (June 13-17) | <input type="radio"/> Week 7 (July 11-15) | <input type="radio"/> Week 11 (August 8-10) |
| <input type="radio"/> Week 4 (June 20-24) | <input type="radio"/> Week 8 (July 18-22) | |

Please list all other children in the household and their ages:

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Income Information	Amount	Expense Information	Amount
Total Monthly Income Before Taxes	_____	Rent	_____
Social Security of Disability	_____	Car	_____
Child Support	_____	Utilities	_____
Parental Support	_____	Other	_____
Other	_____	Other	_____
TOTAL MONTHLY INCOME	_____	TOTAL MONTHLY EXPENSES	_____

Please list any special or unexpected circumstances that may affect your financial status. Use an additional sheet if necessary.

I acknowledge by my signature below, that all the information I provided is true, accurate and complete, to the best of my knowledge and I authorize Rock Solid to verify it. I acknowledge that I have read all of the information provided, and agree to abide by the Rock Solid guidelines.

Signature

Date

FOR OFFICE USE ONLY

Date received by Financial Assistance Committee: _____

Date Reviewed: _____

Date Family Contacted: _____

Award: _____