



## KID'S QUEST DAY CAMP 2010

### FINANCIAL AID FORM

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Current occupation and duration \_\_\_\_\_

Spouse's current occupation and duration \_\_\_\_\_

Current annual household income \_\_\_\_\_

Reason for requesting financial aid \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have filled out this financial aid form completely and honestly. I understand that any withheld information or misrepresentation of the truth will disqualify this application. I understand that no financial aid is guaranteed by completing this form. I also agree to attend an interview as part of the financial aid application process.

Parent's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### FOR OFFICE USE ONLY

Amount recommended \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_