



1669 W. Maple Rd.
 Birmingham, MI 48009
 248-644-2043

Financial Assistance Application
 Please allow up to two weeks for processing.

Personal (please print)

Name of person to receive assistance _____ Date of Birth _____ Gender _____

Your name (if different) _____ Date of Birth _____ Gender _____

Spouse's name (if applicable) _____ Date of Birth _____

Street address _____ City _____ State _____ Zip _____

Day phone _____ Evening Phone _____

Number of adults in household _____ Number of Children in household _____

Dependents living in home: _____

Name Gender _____ Date of Birth _____

Name Gender _____ Date of Birth _____

Name Gender _____ Date of Birth _____

Name Gender _____ Date of Birth _____

Employment and Income

Currently employed? Yes No Employer _____ Occupation _____

Spouse currently employed? Yes No Employer _____ Occupation _____

Applicant's monthly gross income _____ Spouse's monthly gross income _____

Other income (list sources and amounts) _____

Membership/ Program Request

Please list camp session for which you are applying. If for different children please list all:

How much can you afford to pay for your Skyline Camp experience? _____

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need if required.

Signature _____

For office use only:		Notes:
Date:	Amount Approved: \$	Executive Director's Signature:
Approved by:	Length of assistance:	Date: