

**GRETNA GLEN CAMP & RETREAT CENTER
EASTERN PENNSYLVANIA CONFERENCE CAMP & RETREAT MINISTRY
APPLICATION FOR FINANCIAL AID**

To apply for financial aid for camp, carefully complete, sign and return this form to the camp. If you need help with this form, please call the camp for assistance.

Gretna Glen Camp & Retreat Center 87 Old Mine Road Lebanon, PA 17042 717-273-6525

1. Name of Child _____

Last Name

First

Age

2. Reason for Scholarship/Aid Needed:

Please explain your reason for requesting a scholarship:

3. Households Receiving Food Stamps or Temporary Aid to Needy Families

If you are NOW receiving food stamps or TANF for THIS child, you may give your food stamps number or TANF number. If you complete Part 2, do not complete Part 3. You must complete the signature section.

Yes, I received food stamps or TANF for this child this month

Food Stamp Case Number _____

Or

TANF Case Number _____

4. All Other Households

If you did not give a food stamp or TANF number, you must complete this section

HOUSEHOLD MEMBERS: List the names of everyone living in your household; include yourself and the child listed above. If you need more space, use the back of this form.

INCOME: List all income received last month on the same line with the person who received it. You must use gross income BEFORE deductions for taxes, social security, etc. List each amount in the correct column. The camp will total the monthly income.

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME				
NAME (Last, First)	Age	Monthly Earnings From Work (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Other Income Received Last Month
		Job 1	Job 2			

5. Signature

I certify that all the above information is true and correct and that all income is reported. I understand that the information is being given to determine eligibility for financial aid for camp.

Signature of Adult

Date Signed

Printed Name of Adult

Relationship to Child/Camper