



Friends of Paha

12100 W. Alameda Pkwy, Lakewood, CO 80228

Phone: 303-987-4866

APPLICATION FOR CAMP PAHA CAMBERSHIP FOR 2009

1. Camper's name: _____ Lakewood resident: ___ Yes ___ No
Address: _____ Apt. #: _____
City: _____ Zip: _____ Home phone: _____
Parent or guardian work phone: _____ Message/Other #: _____

I am registering for the following camp session: 7 week 7 week summer school 3week A 3 week B

2. List all members in your household (*beginning with Camper*):

<u>Name</u>	<u>Birth Date/Age</u>	<u>Relation to Camper</u>

3. Are you currently receiving or have you applied for any form of financial help from another agency, Social Services or Community Development Boards? Please check one ___ Yes ___ No
Please Describe in detail any forms of financial support you have applied for or have received for Camp Paha tuition.

(Please complete other side)

INCOME INFORMATION

4. CAMPER'S PARENT OR GUARDIAN:

Name: _____

Employer: _____

Phone #: _____

Employer's Address: _____

Total monthly salary(1): _____

5. OTHER PARENT OR ADULT SUPPORTING HOUSEHOLD:

Name: _____

Employer: _____

Phone #: _____

Employer's Address: _____

Total monthly salary(2): _____

6. OTHER INCOME:

Child support?(3) _____ Tips?(4) _____ SSI?(5) _____ Other?(6) _____

7. TOTAL MONTHLY INCOME (total of 1 – 6): _____

8. Attach copies of two most recent years' tax returns (first two pages of Form 1040 only; do not include Schedules). Please black out SSN. If you have not completed tax returns in the past two years please explain.

9. Attach a one-page letter telling us why this camper should be given a grant, including any special circumstances of the camper or the family or any other information you would like us to consider.

I certify the information I have provided in this application is correct and complete.

**SIGNATURE OF CAMPER'S
PARENT OR GUARDIAN:** _____

DATE: _____