

Mt. Moriah Campground

Financial Assistance/ Sponsorship Program

Application must be filled out completely. Please print clearly.

Applications will be reviewed and you will be contacted with the amount you are asked to pay.

Parents First and Last

Name: _____

Address: _____

Email: _____ Phone #s _____

Both Parent's Employment Status and employ-

er: _____

Employer work phone #: _____

Hourly wages: _____ Annual Income: _____

MONTHLY FAMILY INCOME:	MONTHLY FAMILY EXPENSES:
Workers comp:	Food:
Food stamps:	Transportation:
Child Support:	Child Care:
All other income:	Medical:
Unemployment:	Utilities
Social Security or SSI:	All Other (credit debit, etc.)
TOTAL	TOTAL

AMOUNT I CAN PAY FOR CAMP: _____ LIST ANY SPECIAL CIRCUMSTANCES
THAT YOU FEEL SHOULD BE TAKEN INTO CONSIDERATION DURING REVIEW OF THIS AP-
PLICATION: _____

SIGNATURE OF APPLICANT: _____