

CAMP LION KNOLL
Girls Club of Greenfield, Inc.
35 Pierce Street
Greenfield, MA 01301
(413)774-7407

APPLICATION FOR CAMP FINANCIAL AID

Parent Name: _____ Phone: _____

Complete Address: _____

Child(ren)'s Name: _____ Age(s): _____

Please list other family members and their ages:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Sources of Income:

- | | | | |
|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> TANF/TAFDC | <input type="checkbox"/> Housing | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> FED Benefits | <input type="checkbox"/> SSI | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Other _____ | | | |

Total Household Monthly Income: _____

REQUIRED DOCUMENTATION: Month's worth of pay stubs and documentation of all other monthly income (i.e. child support received, SSI, etc.)

Please state the reason for requesting financial aid: _____

What amount you are able to pay weekly _____ # of weeks requesting _____

Parent Signature: _____ Date: _____