



Application for Financial Assistance

Funds are available for Snohomish County youth who need assistance to participate in any Camp Fire Snohomish County programs. Completed applications are reviewed in the order received. Please complete this form and return to the Camp Fire office, 4312 Rucker Avenue, Everett, WA 98203 or email to info@campfiresnoco.org. All information will be confidential.

Program applying for:

Club Program ____ Self-Reliance Program ____ Babysitting Basics ____ Summer STEM ____
After-School Program – Lakewood ____ After-School Program – Carl Gipson Center ____

Applicant 1:

Name: _____ Age: ____ Grade in Fall: ____

Address: _____ Phone: _____

Email: _____

School: _____ Registered Camp Fire Member: Y N

Applicant 2:

Name: _____ Age: ____ Grade in Fall: ____

Address: _____ Phone: _____

Email: _____

School: _____ Registered Camp Fire Member: Y N

Applicant 3:

Name: _____ Age: ____ Grade in Fall: ____

Address: _____ Phone: _____

Email: _____

School: _____ Registered Camp Fire Member: Y N

Guardian 1 Name: _____ Relationship: _____

Occupation: _____ Employer: _____

Guardian 1 Name: _____ Relationship: _____

Occupation: _____ Employer: _____

Single Head of Household: Y N

Family Annual Income:

\$0-\$20,000 _____ \$20,001-\$30,000 _____ \$30,001-\$40,000 _____
\$40,001-\$50,000 _____ \$50,001-\$60,000 _____ \$60,001 and up _____ Prefer not to answer _____

Number of Dependents: _____

Ethnicity of Each child (optional): _____

Demographic information, such as ethnicity, is used to qualify for grant funding that supports our financial assistance program.

Has your family received assistance in the past? Y N

Are you able to contribute any amount towards the fees? Y N If so, how much? _____

Please give a brief explanation of your need for assistance:

Please attach any documentation to verify financial need (Federal tax form 1040, current paystubs, Federal or State agency award letter, AFDC, Social Security SSI Award Letter)

All records are confidential. We are required by agencies that fund our programs to allow authorized representatives of the agencies to review case files to verify funding is provided to eligible clientele.

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Parent/Legal Guardian

Date