

Financial Aid Application
Issues Concerning Adolescents of Nevada Leadership Camp 2009

Parent/guardians: Please fill out this form only if you are requesting financial assistance to send your child to Leadership Camp. To be considered for financial assistance, the participant must be active in ICAN or another local leadership program. A completed application form and a \$25 deposit must accompany this application. If you are not selected for financial aid, you will receive a full refund of your deposit. If you are selected, this deposit will be put toward your camp fee.

Participant's name: _____

Address: _____

City/State/Zip: _____

Birth date: _____ Age: _____ Grade in 2009/2010: _____

Parent/guardian name: _____

Phone: H: _____ W: _____ C: _____

Email: _____ Occupation: _____

Participant lives with: Both Parents: ___ Mother: ___ Father: ___ Guardian: ___ Foster Parents: ___

Total yearly household income not including social service aid: \$ _____

Total number of people in household: _____ Does the family receive social service aid: Yes: ___ No: ___

If yes, what type: _____

Amount family or participant can pay: \$ _____ Amount of financial assistance requested: \$ _____

I certify this information is accurate.

Parent/Guardian Signature: _____ Date: _____

Why does your child need financial assistance?: _____

How will this child benefit from the camp experience?: _____

If applicable, describe any hardships your child has experienced: _____

Child will fill out the second page:

Are you involved in ICAN in any way? _____

What clubs or organizations do you participate in and what do you do for the organizations? _____

Have you been to any camps before? _____

If you have been to Leadership Camp before, what was your experience? _____

What do hope to get out of camp? _____
