

SUMMER DAY CAMP FINANCIAL ASSISTANCE INFORMATION AND APPLICATION

Please read the following:

General Information

Rock Solid is seeking to make an impact, one life at a time and in doing so, believes that everyone should be able to participate in our programs, regardless of financial circumstances. Thanks to the generosity of our donors, we are able to provide financial assistance based on family size and income. Our funds we have available are based solely on what we raise; therefore, funds are limited.

Summer Day Camp 2017 Financial Awards are valid only for Summer Day Camp 2017. For information on After School subsidies, please contact our office at 318-779-1451.

All information submitted as part of the financial assistance process is considered to be confidential.

It is our goal to review completed assistance applications and respond within 10 working days of review. We must have completed applications turned in 5 days prior to the week(s) of camp you wish to attend.

Refunds and pro-rates will not be granted on payments made prior to Financial Assistance approval.

To Apply for summer camp financial assistance, please complete the attached form along with the following information: Submit a copy of 2 of your most recent pay stubs and your 2016 Federal income tax return. AFDC and SSI recipients must include a copy of your disbursement voucher.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT COMPLETE DOCUMENTATION. If you are not the camper's parent, you MUST provide proof of legal guardianship. Turn in completed application at the Rock Solid office at 718 Professional Drive N, Shreveport, LA 71105. You may also mail your completed documents to 718 Professional Drive N, Shreveport, LA 71105. An interview will then be scheduled to go through the documents. Information regarding the amount of financial assistance granted will either be mailed to the address on your completed application or you will receive a phone call at the number on your application within 10 days of receipt of the application.

ROCK SOLID CAMPS

Confidential

APPLICATION for Financial Assistance for 2017 Summer Camps

Date: _____ Parent/LegalGuardian: _____

Address: _____ Day Telephone: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____ Employer's Telephone: _____

Evening Telephone: _____

How many adults are in the household? _____ How many children are in the household? _____

Please list the name of your child/children on the lines provided, and mark the camp(s) he/she wishes to attend:

Child #1 Name: _____ Age: _____

Day Camp _____ Sports Camp _____ Leaders In Training Program _____

Week 1 (May 22-26) _____ Week 2 (May 29-June 2) _____ Week 3 (June 5-9) _____ Week 4 (June 12-16) _____
Week 5 (June 19-23) _____ Week 6 (June 26-June 30) _____ Week 7 (July 3, 5-7) _____ Week 8 (July 10-14) _____
Week 9 (July 17-21) _____ Week 10 (July 24-28) _____ Week 11 (July 31-Aug 4) _____ Week 12 (Aug 7-11)

Child #2 Name: _____ Age: _____

Day Camp _____ Sports Camp _____ Leaders In Training Program _____

Week 1 (May 22-26) _____ Week 2 (May 29-June 2) _____ Week 3 (June 5-9) _____ Week 4 (June 12-16) _____
Week 5 (June 19-23) _____ Week 6 (June 26-June 30) _____ Week 7 (July 3, 5-7) _____ Week 8 (July 10-14) _____
Week 9 (July 17-21) _____ Week 10 (July 24-28) _____ Week 11 (July 31-Aug 4) _____ Week 12 (Aug 7-11)

Child #3 Name: _____ Age: _____

Day Camp _____ Sports Camp _____ Leaders In Training Program _____

Week 1 (May 22-26) _____ Week 2 (May 29-June 2) _____ Week 3 (June 5-9) _____ Week 4 (June 12-16) _____
Week 5 (June 19-23) _____ Week 6 (June 26-June 30) _____ Week 7 (July 3, 5-7) _____ Week 8 (July 10-14) _____
Week 9 (July 17-21) _____ Week 10 (July 24-28) _____ Week 11 (July 31-Aug 4) _____ Week 12 (Aug 7-11)

Child #4 Name: _____ Age: _____

Day Camp _____ Sports Camp _____ Leaders In Training Program _____

Week 1 (May 22-26) _____ Week 2 (May 29-June 2) _____ Week 3 (June 5-9) _____ Week 4 (June 12-16) _____
Week 5 (June 19-23) _____ Week 6 (June 26-June 30) _____ Week 7 (July 3, 5-7) _____ Week 8 (July 10-14) _____
Week 9 (July 17-21) _____ Week 10 (July 24-28) _____ Week 11 (July 31-Aug 4) _____ Week 12 (Aug 7-11)

Income Information

Total Monthly Income Before Taxes _____ Other Income _____
Social Security Income _____ Disability Income _____
Child Support Income _____ Parental Support _____
TOTAL MONTHLY INCOME AMOUNT _____

Expense Information

Do you own or rent your home? _____ Rent/Mortgage Amount _____
Car Payment #1 Payment Amount _____ Car #2 Payment Amount _____
Car #1 Year _____ Make _____ Model _____
Car #2 Year _____ Make _____ Model _____
Utilities Amount _____ Groceries _____
Child Care _____ Credit Card Payments _____ Miscellaneous _____
TOTAL MONTHLY EXPENSES _____

What is the total amount you feel that you can pay per child for each week of camp?

Please list any special or unexpected circumstances that may affect your financial status. Use an additional sheet if necessary.

I acknowledge by my signature below, that all the information I provided is true, accurate and complete, to the best of my knowledge and I authorize Rock Solid to verify it. I acknowledge that I have read all of the information provided, and agree to abide by the Rock Solid guidelines.

Signature _____ Signature Date _____

FOR OFFICE USE ONLY

Date received by Financial Assistance Committee: _____

Date Reviewed: _____

Reviewed By: _____

Date Family Contacted: _____

Award: _____