

KRIS' CAMP 2008
APPLICATION FOR FINANCIAL ASSISTANCE / SCHOLARSHIP

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CAMP LOCATION & DATE FOR WHICH YOU ARE APPLYING: _____

CHILD'S NAME:

D.O.B.:

PARENT (S) /GUARDIAN (S) NAME:

ADDRESS

HOME PHONE:

WORK:

MOBILE/OTHER:

EMAIL:

HAS YOUR CHILD / FAMILY ATTENDED KRIS' CAMP BEFORE?

NO YES IF SO, WHEN?:

HAVE YOU RECEIVED FINANCIAL ASSISTANCE BEFORE?

YES NO

PLEASE INDICATE THE PORTION OF KRIS' CAMP COST THAT YOU ARE APPLYING FOR A SCHOLARSHIP:

1.THERAPY EXPENSES/PORION OF THERAPY EXPENSES: \$

PLEASE PROVIDE DETAIL:

2.LODGING: \$

3.OTHER: \$

PLEASE LIST OTHER FUNDING SOURCES TO WHICH YOU HAVE APPLIED FOR FINANCIAL ASSISTANCE TO HELP COVER THE COSTS OF KRIS' CAMP FOR YOUR FAMILY:

ORGANIZATION

AMOUNT EXPECTED/APPROVED

1.

2.

3.

KEEPING IN MIND THAT KRIS' CAMP IS A SMALL NON-PROFIT ORGANIZATION WITH A LIMITED SCHOLARSHIP FUND, PLEASE COMPLETE THE FOLLOWING:

TOTAL AMOUNT OF SCHOLARSHIP YOU ARE REQUESTING: \$

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HOW DO YOU FEEL YOUR CHILD AND FAMILY WILL BENEFIT FROM KRIS' CAMP?

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU THINK WILL ASSIST US IN THIS DECISION

INCOME INFORMATION (PLEASE USE GUARDIAN INFORMATION IF FATHER/MOTHER NOT APPLICABLE):

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name: _____	_____
Address: _____	_____
_____	_____
Phone: _____	_____
Employer: _____	_____
Position: _____	_____
Work Phone: _____	_____
Income Before Taxes (please indicate if weekly, monthly, bi-monthly):	
_____	_____
Other Income: _____	_____
Gross Annual Income last 2 calendar years:	
2005: _____	_____
2006: _____	_____

Please list assets and other income sources:

*****YOU MUST attach a copy of your most current tax return. This is required to verify income information, as scholarships decisions are based on income. Your application will NOT be considered without proof of income. You may attach additional documentation if your income situation has changed dramatically since your most recent tax return.***

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Monthly Expenses (If these add up to more than your stated income, please explain):

RENT: _____ PHONE: _____
MORTGAGE PAYMENT: _____ TRANSPORTATION: _____
MONTHLY FOOD: _____
CAR PAYMENT: _____
UTILITIES: _____
OTHER EXPENSES, PLEASE SPECIFY: _____

MEDICAL EXPENSES:

1. THERAPY EXPENSES (monthly):
PHYSICAL THERAPY _____
OCCUPATIONAL THERAPY _____
SPEECH THERAPY _____
OTHER, PLEASE SPECIFY _____

MEDICAL EXPENSES CONT.

2. OTHER EXPENSES FOR CHILD: _____
EDUCATIONAL : _____
ADAPTIVE EQUIPMENT: _____
OTHER, PLEASE SPECIFY: _____

MEDICAL EXPENSES, CONT.

3. Other medical bills, please list to whom, for what and total owed monthly:

HEALTH INSURANCE:

DO YOU HAVE MEDICAL INSURANCE? YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

NAME OF INSURANCE CARRIER: _____

DOES YOUR INSURANCE PAY FOR THERAPY EXPENSES? PLEASE SPECIFY

WHAT IS YOUR INSURANCE DEDUCTIBLE PER YEAR?: _____

WHAT IS YOUR COST FOR INSURANCE COVERAGE / MONTH?: _____

INSURANCE PAYS WHAT % OF YOUR CHILD'S MEDICAL EXPENSES?: _____

HOW MUCH OUT OF POCKET EXPENSE DO YOU PAY BEFORE YOUR INSURANCE
PAYS 100% OF YOUR MEDICAL EXPENSES?: _____

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All information gathered in this application process will be kept confidential. Additional information may be required for a final decision regarding financial assistance for Kris' Camp.

Person completing this form _____

Signature _____

Date _____

*****Please don't forget to attach a copy of your most current tax return as verification of income. This is required to process this application, as scholarships decisions are based on income; APPLICATIONS SUBMITTED WITHOUT PROOF OF INCOME CANNOT BE CONSIDERED.***

Please mail this scholarship application to Kris' Camp. Packet should be postmarked on or before MARCH 31st:

Kris' Camp
3359 Creek Road
SLC, UT 84121

Or fax to us at:
801-942-1750

You will be notified as soon as your scholarship amount has been awarded.