Borough of Quakertown K.I.D.S. Camp Financial Assistance Application

The Borough of Quakertown's K.I.D.S. Camp Financial Assistance Program is designed as a "Helping Hand" for those in financial need. All application records are kept strictly confidential. Financial assistance may be extended to individuals or families experiencing extreme temporary or long-term financial hardship based on income and family size. Incomplete applications will not be reviewed. It is the responsibility of the applicant to make sure the application is complete. *Eligible applicants must reside in the Quakertown School District.*

Application Process/Guidelines

- Submit the application via email to kidscamp@quakertown.org or mail to Borough of Quakertown, ATTN Financial Assistance, 35 N. Third Street, Quakertown, PA 18951.
 - K.I.D.S. Camp applications will be reviewed by: the Parks and Recreation Department, as well as the Finance Department.
 - Please allow 4-6 weeks for processing.

Week 2

Child First Name | Week 1

o You will receive a phone call or email notifying you of the status of your application.

All applicants must submit last year's Federal Income Tax form 1040 for all working adults in the household.

Name:			D.O.B		
Address:			Municipality:		
City:			State:		
Home Phone:			_ Cell Phone:		
Email Address:					
Place of Employment:					
List all children of	household who	would attend	K.I.D.S. Ca	mp:	
List all children of Last Name	First Name	would attend	K.I.D.S. Ca	Relationship to Applicant	Has the child attended K.I.D.S.
				Relationship to	
				Relationship to	attended K.I.D.S.
List all children of Last Name				Relationship to	attended K.I.D.S.

Week 3

Week 4

Week 5

Week 6

Week 7

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List ALL sources of household monthly income (support documentation is required):

Gross Wages/Salary: \$	per month
Other: \$ Total Gross Income: \$	per month per month
Please check all other assistance ySchool LunchesApple Child Car Special Circumstances/Comments:	reOther Agency Assistance:
	ce for K.I.D.S. Camp in the past? Yes No is application is true and complete to the best of my
knowledge. I authorize the Boroug Financial Assistance Committee, if	jh of Quakertown to discuss this application with the needed.
Signature:	Date:
For Borough Use Only:	
Assistance Approved	Assistance Denied
Number of weeks approve	d
Total Amount Sponsored	
Signature:	Date: