



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

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

Gross Wages/Salary: \$ _____	per month
Child Support/Alimony: \$ _____	per month
Disability/Social Security: \$ _____	per month
Unemployment Compensation: \$ _____	per month
Public Assistance: \$ _____	per month
Rental Income: \$ _____	per month
Assistance from Relative/Friend \$ _____	per month
Retirement: \$ _____	per month
Pensions/Benefits: _____	per month
Food Stamps: \$ _____	per month
Other: \$ _____	per month
<b>Total Gross Income: \$ _____</b>	<b>per month</b>

**Please check all other assistance you receive:**

\_\_\_ School Lunches \_\_\_ Apple Child Care \_\_\_ Other Agency Assistance: \_\_\_\_\_

Special Circumstances/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for financial assistance for K.I.D.S. Camp in the past? \_\_\_ Yes \_\_\_ No

**I certify that the information on this application is true and complete to the best of my knowledge. I authorize the Borough of Quakertown to discuss this application with the Financial Assistance Committee, if needed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Borough Use Only:**

\_\_\_\_\_ Assistance Approved \_\_\_\_\_ Assistance Denied

\_\_\_\_\_ Number of weeks approved

\_\_\_\_\_ Total Amount Sponsored

Signature: \_\_\_\_\_ Date: \_\_\_\_\_