



**Overnight Camp Campership  
Confidential Financial Information**

*Please note that all information on this sheet will be held in the strictest confidence.*

Family Name: \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

All sources of Family Income:

Below \$15,000    \$15,001-\$25,000    \$25,001-\$40,000    \$40,001-\$60,000

\$60,001-\$75,000    \$75,000 - \$100,000    \$100,000 - \$150,000    \$150,000+

**Do you have additional resources not reflected on the IRS Form 1040 or 1040A?  
(ie. Parsonage, family assistance, other stipends, etc.)**

No    Yes. If yes, how much? \_\_\_\_\_

**A copy of page 1 & 2 of your 2017 IRS Form 1040 or 1040A must be submitted  
in order to be considered. See instructions.**

It is important to provide any additional information you would like us to consider which may not be reflected in your financials. Use additional space if needed. Please provide evidence of the circumstances you wish considered:

By signing this form, I declare that all information submitted is accurate and verifiable.

Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_