

**TEXAS ASTHMA CAMP FOR KIDS
APPLICATION AND ELIGIBILITY CERTIFICATION FOR FINANCIAL AID**

Child Attending Camp _____ Address _____ City _____ State ____ Zip _____

Name of Person Completing Form _____ Relationship to Camper _____

PLEASE CHOOSE ONE:

- Not including the required \$15 registration fee, we are requesting financial aid for: \$50_____ \$100_____ \$150_____
- We can pay \$_____ toward the cost of camp.
- We need financial aid for the full cost of camp.

Financial Information

Employer Name and Telephone _____ Monthly Salary _____

Spouse's Employer Name and Telephone _____ Spouse's Monthly Salary _____

Please List Other Income:

Social Security _____	Veteran's Pensions _____	Welfare Payments _____
Interest Income _____	Unemployment _____	Alimony _____
Worker's Compensation _____	Pension/Annuities _____	Child Support _____

TOTAL MONTHLY INCOME

Please list the name of each person including yourself who lives in your household, what their relationship is, his/her social security number, birth date and eligibility for Medicaid, TANF, and/or SNAP:

Name	Relationship	SS Number	Birthdate	Medicaid Eligible	TANF Eligible	SNAP Eligible

By my signature, I agree that the information provided on this document represents an accurate and complete financial statement. I understand that it may be subject to verification and that **a form not completely filled out will not be considered.**

Signature of Parent/Guardian _____ Date: _____