



**PARENT / GUARDIAN EMPLOYMENT INFORMATION:**

Parent **A** Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Parent **B** Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

**MONTHLY INCOME INFORMATION:**

A. Gross earnings of parent(s)	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____
B. Earning from other sources	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____
C. Child Support	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____
D. Other	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____

**MONTHLY EXPENSES:**

A. Mortgage/Rent	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____
B. Car Payments	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____
C. Bank or School Loan	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____
D. Other	Parent <b>A</b> : \$ _____	Parent <b>B</b> : \$ _____	<b>Total</b> : \$ _____

**Is there any other significant information you think we should know?**

**AGREEMENT:**

*To the best of my knowledge, the above information is true and accurate. I do not have sufficient assets to allow me to comfortably pay the regular camp fees. I recognize that there are many families applying for a limited number of scholarships from Jefunira Camp and, by signing below, give you my word that I truly need the scholarship. If there are any large changes in my employment or financial status, I will contact the Jefunira Camp staff immediately.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Print Parent / Guardian Name

\_\_\_\_\_  
Today's Date