Innabah Camp and Retreat Center Scholarship Application Form
EASTERN PENNSYLVANIA CONFERENCE CAMP & RETREAT MINISTRY
To apply for financial aid for camp, carefully complete, sign and return this form to Innabah.
If you need help with this form, please call Innabah for assistance.

Innabah Camp and Retreat Center, 712 Pughtown Road, Spring City, PA 19475
Phone 610-469-6111   Fax 610-469-0330

1. **Name of Camper** _____

                    Last Name   First Name   Age

2. **Reason for Scholarship Request:**

   _____

   _____

3. **What Session Are They Attending:**

   _____

4. **What is the Amount of Scholarship Being Requested:**

   _____

5. **Households Receiving Food Stamps or Temporary Aid to Needy Families**
   If you are NOW receiving food stamps or TANF for THIS child, you may give your food stamps number or TANF number. If you complete Part 3, do NOT complete Part 4. You MUST complete the signature section.

   ☐ Yes, I received food stamps or TANF for this child this month
   Food Stamp Case Number _____ OR TANF Case Number _____

6. **All Other Households**
   If you did not give a food stamp or TANF number, you must complete this section.
   HOUSEHOLD MEMBERS: List the names of everyone living in your household. Include yourself and the child listed above. If you need more space, use the back of this form.
   INCOME: List all income received last month on the same line with the person who received it. You must use gross income BEFORE deductions for taxes, social security, etc. List each amount in the correct column. The camp will total the monthly income.

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME				
NAME (Last, First)	Age	Monthly Earnings From Work (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Other Income Received Last Month
		Job 1	Job 2			

7. **Signature**
   I certify that all the above information is true and correct and that all income is reported. I understand that the information is being given to determine eligibility for financial aid for camp.

   _____   _____
   Signature of Adult   Date Signed

   _____   _____
   Printed Name of Adult   Relationship to Camper

   _____
   Address

   _____   _____
   Phone   Email

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For Office Use Only: Approved for $_____ Approved by _____ Date _____