



***The Confluence Heritage Society Summer Day Camp  
Rocky Mountain House National Historic Site***

E mail: summercamp.chs@gmail.com

**FINANCIAL ASSISTANCE FORM**

***CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES***

Purpose: Financial assistance is available for families who are residents of Rocky Mountain House and Clearwater County who wish to send their child/children to attend the Summer Day Camp program offered at Rocky Mountain House National Historic Site by the Confluence Heritage Society.

**\*\*Participants are required to fill out a complete registration form as well including health form and image release.\*\***

Participants Name: \_\_\_\_\_

Parent(s)/ Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:

\_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Estimated Gross annual income for the home:

	0\$-14,999\$
	15 000\$-19 999\$
	20 000\$-29 999\$
	30 000\$- 39 999\$
	40 000\$-49 999\$
	50 000\$ -69 999\$
	70 000\$ and over

Summer Day Camp Program Application for Financial Assistance

Please indicate all of the following which apply to your family:

- |   |                                   |
|---|-----------------------------------|
| _____ Single parent income- two parents at home | _____ 2 income, 2 parents         |
| _____ Single parent- one income                 | _____ Parent is full time student |
| _____ Child diagnosed with disability           | _____ Employed part time only     |
| _____ Small business owner                      | _____ Recently unemployed         |
| _____ Receiving workers compensation            | _____ financially responsible for |
| _____ Parent is receiving AISH                  | _____ extended family             |

Total number of children support in the family \_\_\_\_\_

Total number of children applying for assistance \_\_\_\_\_

Please check **ONE** of the following statements:

- I am able to make payments towards the registration fee over the course of 2 months rather than pay the fee in whole. \_\_\_\_\_
- I am able and willing to pay a portion of the registration fee and seek subsidy for the second portion. \_\_\_\_\_
- I am financially unable to pay the registration fee and am requesting full subsidy for 2015.  
\_\_\_\_\_

I \_\_\_\_\_ understand that the purpose of financial assistance is to aid families to send their kids to camp who otherwise would not ordinarily be able to attend.

I understand that I am responsible for transportation to and from camp as well as providing lunch for my child.

I understand that I may be asked to contribute to fundraising efforts towards the betterment of the Summer Day Camp offer.

Signed: \_\_\_\_\_

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

Please return applications to : Confluence Heritage Society- [summercamp.chs@gmail.com](mailto:summercamp.chs@gmail.com) or the address below.