

Financial Assistance Application For Youth Camps

If your child is interested in attending one of our recreational programs and you need assistance in paying for the registration fee, please complete this application and return it to the Stevens Center, 1576 Kelly Drive, Sanford, NC 27330. We will review your application and notify you of your eligibility.

Parent Nam	e:					
Address:		I	_ Phone #:			
Children:	Children: Activities:					
Name #1:		#1:	#2:	#3:		
Name #2:		#1:	#2:	#3:		
Name #3:		#1:	#2:	#3:		
Do you currently have a job? What is your family's monthly income? How many people are in your family? How much of the registration cost are you able to pay? Does your child receive special education services? Please explain your particular circumstances (continue on back if needed):						
I certify that	all answers on this	page are true and	d complete.			
	Signature of Child	's Legal Represe	 ntative	Date		