



Town Camp OPRYD FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE IS RESERVED FOR YOUTH RESIDENTS OF OAKLAND WITH DEMONSTRATED FINANCIAL NEED

LEAVE THESE 2-COLUMNS BLANK

Activity Name	Activity Date	Activity Fee	Amount Requested	Subsidy Given	Balance Due
Total:					

Child's Name _____ / ____ / ____
First Middle Last Birth Date Age

Parent/Guardian _____
First Middle Last Relationship to Child

Phones _____ Email _____
Home Work Cell

TOTAL Yearly Household Income: \$ _____ Amount of Assistance Requested: \$ _____

Number of Household Members Supported by this Income: _____

WHY DO YOU NEED FINANCIAL ASSISTANCE FOR THIS PROGRAM?

X _____	_____
Signature of Parent/Guardian	Date

PLEASE BRING IN OR INCLUDE A PHOTO COPY OF THE FOLLOWING:

1. Activity Registration Form

2. One of the following to show your need for financial assistance:

Food Stamp Card/A.F.D.C W-2 Form Pay Check Stub Unemployment Disability or Other _____

3. One of the following to show your Oakland Residency:

California ID Card, Driver's License, Utility Bill or Other _____

Rec'd By: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Scholarship amount: \$ _____
<input type="checkbox"/> Denied <input type="checkbox"/> Reason/s Denied _____
Oakland Residency checked by: _____ (<input type="checkbox"/> California ID Card, <input type="checkbox"/> Driver's License, <input type="checkbox"/> Utility Bill or <input type="checkbox"/> other _____)
Proof of need checked by: _____ (<input type="checkbox"/> Food Stamp Card/AFDC <input type="checkbox"/> W-2 Form <input type="checkbox"/> Pay Check Stub <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability)
Notes: _____ _____