



REQUEST FOR FINANCIAL ASSISTANCE – CONFIDENTIAL

RETURN APPLICATION TO:
 JCYS 800 CLAVEY ROAD HIGHLAND PARK, IL 60035 ATT. AMY SHIMONI

Camp STAR Year: _____

FAMILY INFORMATION

Camper Name(s) _____ Parent/Guardian Name _____

Address _____ City/State/Zip _____

Home Phone () _____

Parent # 1 Name _____ Work Phone () _____ Occupation _____

Employer _____ () Full Time () Part Time Hours/Week _____

Parent # 2 Name _____ Work Phone () _____ Occupation _____

Employer _____ () Full Time () Part Time Hours/Week _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Other _____

Total # of People in Household _____

Household Makeup: Check all that apply – total must equal Total # of people in household listed above.

___ Parents 1 or 2 ___ Grandparents 1 or 2 # of children in house _____ Ages _____

___ Others # and relationship to applicant _____

FINANCIAL INFORMATION (All information must be filled out in order for your request to be considered)

Amount of this year's request \$ _____ (this line MUST be filled in)

Have you received Financial Assistance from JCYS previously? ___ No ___ Yes Year _____ Amount \$ _____

Are you requesting Financial Assistance from any other JCYS program this year? ___ No ___ Yes

Total # of Years with JCYS _____

ANNUAL INCOME (Do not omit any items; fill in an amount, \$0. or N/A (not applicable).)

Household Gross Wages from Employment	\$ _____	Bonus/Commissions	\$ _____
Unemployment Compensation	\$ _____	Interest/Dividends	\$ _____
Child Support	\$ _____	Alimony/Maintenance	\$ _____
Social Security Benefits	\$ _____	Disability Benefits	\$ _____

List income from any other sources. Include amount from each source (i.e.: rentals, business, grandparent's assistance, etc.) Please elaborate on other side.

TOTAL INCOME: \$ _____

