

UAB Rec Summer Camp
Financial Assistance Application Form
- Deadline May 10, 2019 -

Please complete in full this application, attach all necessary documents (photocopies only) and return to:

- UAB University Recreation: Attn. Jenny Knejl, 1501 University Blvd., CRCT 220, Birmingham, AL 35294
- or-
- Jenny Knejl (fagan422@uab.edu)

A letter stating your reason for this request for financial assistance must accompany this application.

Date of application: _____ SS# : _____

Name: _____ Home phone: _____

Address: _____ Cell phone: _____

City: _____ State: _____ Employer: _____

Zip Code: _____ DOB: _____ Phone #: _____

Marital Status: _____

List names, ages and relationship of EVERYONE (related and not-related) living in camper's household.

Name	Age	School/Employer	DOB

Application for financial assistance is for: Week _____

OR Week _____

OR Week _____

Camper (s) name:

_____ DOB _____

_____ DOB _____

_____ DOB _____

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You MUST ATTACH copies of your household 2018 W2 and Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings. Your application will be returned to you unless all information is provided. Please itemize your annual income and expense items and attach documentation for each income and expense listed.

Income:

1. Wage, salaries, and tips \$ _____
 2. Unemployment/Workmen's compensation \$ _____
 3. Social Security compensation \$ _____
 4. Aid to Dependent Children \$ _____
 5. Food Stamps \$ _____
 6. 401K/Retirement Funds \$ _____
 7. Alimony/Child Support \$ _____
 8. Public Assistance (see below)* \$ _____
 9. Other (explain) \$ _____
- Total 2019 anticipated income from all sources \$ _____

*Agency name: _____ Phone: _____

Caseworker name: _____ Extension: _____

Expenses:

1. Monthly rent/mortgage payment \$ _____
2. Medical \$ _____
3. Alimony/Child Support \$ _____
4. Other (Loans explain) \$ _____

I hereby certify that the information provided in this application is complete and accurate and I understand that assistance is offered for tuition only and does not include specialty program options or pre and post care.

Parent/Guardian Signature _____ Date _____