



**Sportsmen's Tennis & Fitness Camp powered by Reebok
2020 Financial Assistance Application**

Camper's First Name _____ Last Name _____

Parent/Guardian Name _____ Address _____

City _____ Zip _____ Home Phone _____

Alternate Phone _____ Requesting _____ # weeks \$ _____ per week

Total amount due \$ _____ Amount of financial assistance you are requesting \$ _____

Employer _____ Business Address _____

Employer's Phone _____ Gross monthly household income \$ _____

If you are currently employed, please provide copies of your (3) most recent paystubs.

If no, do you receive assistance? (Please specify by circling all that are applicable)

Unemployment, Disability, Workmen's Compensation, Transitional Assistance, Food

Stamps, Vouchers or other _____ (must provide verification of assistance)

Do you currently receive child support or aid for dependent children? () yes () no

Was your child eligible or did your child receive free or reduced school lunch? () yes () no

Do you rent or own a home? () rent () own If yes, monthly rent amt. \$ _____

or mortgage payment \$ _____ Do you currently pay tuition () yes () no

Monthly tuition payment \$ _____ (Please provide documentation) Do you own a

vehicle? () yes () no If yes, Year _____ Make _____ Model _____

Other assets owned _____

Please explain why you are requesting financial assistance and include any circumstance that could possibly assist our staff in making a decision.

Signature _____ Date _____

**"This camp must comply with regulations of the Massachusetts Department of Public Health
and
be licensed by the local board of health."**