

Black Rock Retreat 2022 Sponsorship Form

(Directions and Explanations are on the reverse side of the form)

Part 1. Children in Camp (Use a separate application for each child if there are any foster children.)		
Names of all children in Camp (First, Last)	Camp Session	SNAP or TANF case # (if any)

Part 2. If the child you are applying for is homeless, migrant or a runaway check the appropriate box.		
Homeless <input type="checkbox"/>	Migrant <input type="checkbox"/>	Runaway <input type="checkbox"/>

Part 3. Foster Child
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Income BEFORE TAXES.

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME				
Name (Last, First)	Check if NO income <input type="checkbox"/>	Monthly Earnings From Work (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Other Income Received Last Month
		Job 1	Job 2			
1	<input type="checkbox"/>					
2	<input type="checkbox"/>					
3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					
6	<input type="checkbox"/>					
7	<input type="checkbox"/>					
8	<input type="checkbox"/>					

Part 5. Signature (Adult must sign)
An adult household member must sign the application. I certify that all information on this application is true and correct and that all income is reported. I understand that this information may be reviewed by sponsor officials who will verify the information on the application; and that deliberate misrepresentation of the information may subject me to denial of sponsorship.
Sign here: X_____ Print Name:_____ Date:_____

Part 6. Children's racial and ethnic identities (optional)		
<u>Mark one or more racial identities:</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American	<u>Mark one ethnic identity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

DO NOT COMPLETE--TO BE COMPLETED BY CAMP OFFICIAL		
Total Income: _____	Household Size: _____	
Eligibility: SFSP Eligible _____	Over Income _____	Incomplete _____
I understand that if I purposely and/or knowingly provide false information I may be prosecuted.		
Signature of Camp Official Determining Eligibility: _____	Date: _____	