

# TRS YOUTHORIZONS

Student's Name: \_\_\_\_\_  
Last Name First Name

Parent/Guardian Applying: \_\_\_\_\_  
Last Name First Name

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## 1. PLEASE CHECK ( ✓ ) OFF THE FOLLOWING WHICH APPLY TO YOUR FAMILY

### (Check 1)

- A \_\_\_\_\_ Single Parent Family
- B \_\_\_\_\_ Single Income, Two Parent Family
- C \_\_\_\_\_ Two Income, Two Parent Family

### (Check as many as apply)

- D \_\_\_\_\_ Receiving Welfare Assistance
- E \_\_\_\_\_ Receiving Workman's Compensation
- F \_\_\_\_\_ Receiving Social Security or Disability Benefits
- G \_\_\_\_\_ Receiving Unemployment Compensation
- H \_\_\_\_\_ Part-time Employment Only
- I \_\_\_\_\_ Recently Lost Own Business
- J \_\_\_\_\_ Own Business Doing Poorly
- K \_\_\_\_\_ Parent Is a Student (Full or Part-time)
  
- L \_\_\_\_\_ Adult in Family Suffers From A Disability/Illness Which Causes Financial Hardship
- M \_\_\_\_\_ Child in Family Suffers From A Disability/Illness Which Causes Financial Hardship
  
- N \_\_\_\_\_ Financial Responsibility for Extended Family

## 2. ESTIMATED GROSS ANNUAL FAMILY INCOME:

- \$0-\$14,999
- \$15,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$69,999
- \$70,000 +

(Check 1)

OVER →

Applicant's Name: \_\_\_\_\_

3: TOTAL NUMBER OF CHILDREN SUPPORTED IN FAMILY \_\_\_\_\_

4: ADDITIONAL REASONS FINANCIAL ASSISTANCE IS REQUESTED AT THIS TIME

I understand that financial assistance is based on financial need, and limited numbers of scholarships are available. I may be asked to provide additional information, and may need to have my child audition in order to qualify for consideration.

Signature of Parent/Guardian

Date

Please complete this form and return whether or not you have received notification of your child's acceptance into the camp for which he/she has applied.

**Mail to:**

The Relevant Stage Youthisorizons  
600 S. Pacific Avenue #220  
San Pedro, CA 90731

Return form no later than  
**JUNE 20, 2008**

**PRIVACY STATEMENT**

*We protect and respect your privacy. Your personal information is used to communicate within our organization. We do not provide or sell this information outside our organization.*

For office use only:

Program: \_\_\_\_\_

Facility: \_\_\_\_\_

Total Fees: \$

Total Discounts: \$

❖ Total to be Subsidized: \$