# Camp What If Scholarship Application

| ALL HOUSEHOLD MEMBERS | | |
|---|---|---|
| Names of all household members (First, Middle Initial, Last) | Name of school and school grade level for each child or indicate "NA"<br>School Grade | Check if no Income |
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**TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Indicate how often it is received. Record each income only once.

| 1. NAME (List all household members with income) | 2. GROSS INCOME AND HOW OFTEN IT IS RECEIVED ("weekly" "monthly" "quarterly" "annually" | | | |
|---|---|---|---|---|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security, SSI, VA benefits | All Other Income |
| ***(Example) Jane Smith*** | ***$200 / weekly*** | ***$150 / monthly*** | ***$0 / NA*** | ***$50 / quarterly*** |
| | $ /_____ | $ /_____ | $ /_____ | $ /_____ |
| | $ /_____ | $ /_____ | $ /_____ | $ /_____ |
| | $ /_____ | $ /_____ | $ /_____ | $ /_____ |
| | $ /_____ | $ /_____ | $ /_____ | $ /_____ |
| | $ /_____ | $ /_____ | $ /_____ | $ /_____ |

**SIGNATURE (ADULT MUST SIGN)**

An adult household member must sign the application.

*I certify that all information on this application is true and that all income is reported. I understand that deliberate misrepresentation of the information may cause my child to be disallowed from attending camp and that no refund will be provided and my children will be barred from participating in future TomTod Ideas activities.*

Sign here: X_____Print name:_____Date: _____

Address:_____

Phone Number:_____

**Attach the completed form to your online registration, or email it to camp@tomtodideas.org or mail it to TomTod Ideas, 715 Market Ave N, Canton, OH 44702 *within one week of your registration***