

Adventure Weekend For Building Rugged Gentlemen

Financial Aid Assistance Form

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Address Email Address

\_\_\_\_\_  
City / State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Emergency Contact Phone

Employment Status: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Unemployed \_\_\_ Retired

Place of Employment: \_\_\_\_\_ If Military, Rank \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed

Number of Dependents: \_\_\_\_\_

Spouse Information (if married) \_\_\_\_\_  
Name

Employment Status: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Unemployed \_\_\_ Retired

Place of Employment: \_\_\_\_\_ If Military, Rank \_\_\_\_\_

List all Dependents:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income: (including wages, benefits, assistance, child support, etc.) \_\_\_\_\_  
I certify that the above information is true and complete to the best of my knowledge. I understand that I will be asked to provide proof of income to verify the amount listed.

\_\_\_\_\_  
Signature Date

Office Use Only:

\_\_\_\_\_  
Total Fee Adjustment Adjusted Fee Due