

Financial Assistance Form

Outdoor Odyssey at Roaring Run
450 Boy Scout Road
Boswell, PA 15531
814.629.6516

Student's Name: _____ Grade Level: _____

School District: _____

Please provide the names and employment/income information of the parent's or guardians living with candidate:

Parent/Guardian 1 _____

Place of Employment _____

Annual Income _____

Parent/Guardian 2 _____

Place of Employment _____

Annual Income _____

Please provide first names and ages of additional dependent children living in the household:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

**Additional dependents can be listed on the back*

Please provide us with the following information:

Monthly home mortgage or rent payment: _____

Monthly car payment(s): _____

Monthly consumer debt payment: _____

Please provide explanation for any financial hardship:

Please provide the following along with the application: Most recent W-2 employer tax form for parents/guardians of applicant and mail completed form to the address above "in care of: FINANCIAL ASSISTANCE PROGRAM