



**CAMP COSBY
YMCA OF BIRMINGHAM
SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION
2290 Paul Bear Bryant Road
Alpine, AL 35014
1-800-85 COSBY
256-268-2007
256-268-2003 FAX
www.campcosby.org**

Name of Camper to attend: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Parent/Guardian Name: _____

Are you currently employed? Yes _____ No _____

Employer's Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Occupation: _____ Length of Employment: _____

Marital Status of Parent: Married _____ Single _____ Divorced _____ Other _____

Total number living in household _____ Number of Dependents _____

Indicate other sources of income and the monthly amount:

Alimony _____

Child Support _____

SSI _____