

# 2011

# "Count Your Cash"

## A Money Management Summer Camp

(For youth ages 13-18)



**"Working with today's youth to develop tomorrow's financial leaders"**

**PRESENTED BY:**

**Community Action of Greater  
Indianapolis, Inc.**

# Program Application

**(Please type or print neatly)**

*Note: Please provide all information requested. Incomplete application cannot be considered. Information obtained is for program qualification purposes. All information remains confidential. Thank you.*

## **(Student's Information)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

HomePhone#: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

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

*(Required for communication purposes)*

## **(Please select your 1st and 2nd choice for camps to attend)**

**Youth ages 13-15**

Camp dates: June 13-16

June 20-23

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

**Youth ages 16-18**

Camp dates: June 27-June 30

July 18-21

July 25-28

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

## **(Please answer the following questions as best as you can)**

1. Did you attend the "Count Your Cash" money management camp last year? \_\_\_Yes or \_\_\_No  
If yes, why do you want to attend again?

\_\_\_\_\_

2. Will you attend a college, university or technical school after graduation? \_\_\_Yes or \_\_\_No

3. Are you a 21<sup>st</sup> Century Scholar participant? \_\_\_Yes or \_\_\_No

4. What career/profession would you like to have after graduation?

\_\_\_\_\_

# Program Application

**(Please type or print neatly)**

*Note: Please provide all information requested. Incomplete application cannot be considered. Information obtained is for program qualification purposes. All information remains confidential. Thank you.*

## **(Parent / Guardian's Information)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

HomePhone#: \_\_\_\_\_ AltPhone# \_\_\_\_\_

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

*(Required for communication purposes)*

## **Emergency Contact Information: (Must be different than above)**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

HomePhone#: \_\_\_\_\_ AltPhone# \_\_\_\_\_

## **Program Fee/Payment Information**

Program Fee:       \$65.00 per applicant (includes registration and program fees)  
                          \$40.00 reduced sibling fee for each additional sibling applicant

Program scholarships are available for those who qualify. If interested, please complete the scholarship requests section. Acceptable payment options at this time are cash and money order. Cash payments should be delivered to Community Action of Greater Indianapolis, 2626 East 46<sup>th</sup> Street, Indianapolis, IN 46205. Money order payments can be mailed or delivered to Community Action of Greater Indianapolis, Inc. 2626 East 46<sup>th</sup> Street, Indianapolis, IN 46205. **Please do not send cash in the mail.**

### Scholarship Requests

Total # in household: \_\_\_\_\_ Total gross household income: \_\_\_\_\_

I participated in the 2011 Energy Assistance Program. \_\_\_\_\_ Yes \_\_\_\_\_ No

I would like to apply for a 2011 program scholarship. \_\_\_\_\_ Yes \_\_\_\_\_ No

### Parental Permission and Signature

I/We, the parent(s)/guardian(s) of the student named above, give permission for my child to participate in the Count Your Cash program. I/We understand that transportation will be our/my responsibility to and from the classes. I/We understand that adequate and appropriate supervision will be provided. I/We recognize, however, that unanticipated situations and problems can arise which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless PNC Bank, Key Bank, Center for Leadership Development, Indiana College Choice 529 and Community Action of Greater Indianapolis, Inc, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to the teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs during the program and I cannot be located. This permission slip also gives permission for my child to be photographed for the sole purposes of marketing materials and program recognition. This also serves as a commitment of parent(s) / guardian(s) and students to participate in all required modules.

\_\_\_\_\_  
Parent or Guardian (printed name)      Date

\_\_\_\_\_  
Parent or Guardian (signature)      Date

## Program sponsor/partners are:

**PNC Foundation**

**Key Bank**

**Center for Leadership Development**

**College Choice 529**

**Community Action of Greater Indianapolis, Inc.**

# “Count Your Cash”

## Program Application Instructions

*The following instructions are designed to assist you in the application process. Thank you.*

1. Please complete one application per child.
2. Please print legibly.
3. Only complete application can be considered.
4. Selected students are expected to attend “every day, all day”.
5. A parent or guardian must attend a short orientation session before the student can attend the camp.  
This session is designed to share with the parent/guardian the experiences the student will encounter.

### ***Student Information***

#### **Email Address:**

A valid email address is required. This information will be used as a communication method and for the purpose of C.A.G.I. programs and services and will not be sold or shared with others without asking permission.

#### **Camp Selection:**

Please select the 1<sup>st</sup> and 2<sup>nd</sup> choice of camps to attend. Every effort will be made to honor the camp selected; however, it may be necessary to place the student in another available camp. Siblings cannot be placed in the same camp.

### ***Parent/Guardian’s Information***

#### **Email Address/Home Phone/ Alternate Phone Numbers:**

A valid email address is required for communication purposes. If you do not have an email account, please obtain permission from a family member or friend to use their email address for communication purposes. An additional option is to set up your own free email account from Google, hotmail, msn, yahoo, etc.

A primary and secondary contact number is required. It is imperative that C.A.G.I. has the ability to contact a responsible adult at all times.

#### **Total # In Household and Total Annual Household Income:**

This information is used for program scholarship eligibility purposes. Total annual household income means the income for all persons (under 18 years old) working in the household **BEFORE** taxes are deducted.

#### **Scholarship Information:**

Individuals who request a program scholarship and are approved must bring income verification to the parent orientation. (2011 energy assistance program participants are excluded from this requirement.)

#### **Emergency Contact Information:**

This information must be different than the original parent/guardian information submitted. This person should be someone that **WILL** be available in case of an unforeseen emergency.

**Questions? Please contact Lynn Kirkland at [dkirkland@cagi-in.org](mailto:dkirkland@cagi-in.org) or 317-524-6969.**