



Eagle Mount FY 19–20 Participant Financial Assistance Application

Return to: Eagle Mount Billings-1140 16th Street West, Suite 12, Billings, MT 59102
406-969-2949 office / 406-969-2952 fax

Participant Name: _____ Date of Birth: _____ Age _____

Address: _____
Street City State Zip

Primary Phone: _____

Is the participant responsible for payment for Eagle Mount Programs? YES or NO
**If "NO" please complete the responsible party section below.*

*Responsible Party Section	
Responsible party for payment:	
Relationship to participant:	
Address:	
Primary Phone:	Alt. Phone:
Email:	

PAYMENT

Will you be working with another agency for billing purposes? Y / N

- STEP AWARE COR
- RSS RSD Other: _____

What is the name and contact number of your case manager/staff that you are working with to obtain additional funding?

Case manager: _____ Contact number: _____

FINANCIAL INFORMATION

Responsible party - Monthly Income: _____

Number of dependents supported by monthly income: _____

Are there any additional financial hardships that impact the ability to pay full program fees at this time?

OTHER SOURCES OF INCOME:

SUPPORT	\$ AMOUNT PER MONTH
Food Stamps	
TANF	
SSI/SSDI	
Child Support for participant named above	
Foster Care Support for participant named above	
Other:	

RESPONSIBLE PARTY - MONTHLY EXPENSES	\$ AMOUNT PER MONTH
Rent/Mortgage	
Heat/Water/Electricity	
Vehicle Insurance	
Health Insurance	
Food	
Child Support responsible party pays out	
Other:	

Please fill in the name of the camp, camp fee, and the amount you will be paying towards the camp. Eagle Mount's Financial Assistance Committee will review your application and you will be notified of their decision. Day Camp participants are able to apply for financial assistance for up to 2 camps. Eagle Mount requires that you contribute a minimum of 25% towards the cost of the program. Please contact Rich at the Eagle Mount office if you have any questions. 406-969-2949

Camp Name	Program Fee	I can pay the following amount towards the Program Fee (25% minimum)
		\$
		\$

- I certify that the information I provided on this form is true and accurate to the best of my knowledge.
- I understand that false or misleading information may be grounds for the rejection of my application
- I understand that this application does not guarantee that financial assistance will be granted as requested.
- I understand that this application will be reviewed by the Eagle Mount Billings Financial Assistance Committee for approval or denial of this financial request.
- I understand that financial assistance will not be granted until all previous program fees are paid.

Responsible Party (Signature): _____ Date: _____

****ALL FINANCIAL ASSISTANCE APPLICATIONS MUST BE SUBMITTED PRIOR TO THE START OF A PROGRAM***