

Financial Aid (Optional)

Please complete this form and submit it with all other application materials by the deadline of the session you want to attend. Applicants may be awarded financial assistance for **one session per camper**, based on family and/or individual needs. Funds are very limited, so we encourage you to seek assistance from other sources. Incomplete applications will automatically disqualify you from receiving financial aid. Your camp invoice will indicate whether or not you have been approved and the amount of assistance you are eligible for.

	<u>Session 1</u>	<u>Session 2</u>	<u>Session 3</u>	<u>Session 4</u>	<u>Session 5</u>	<u>Session 6</u>	<u>Session 7</u>
Early Deadline <i>(to receive early pricing)</i>	April 1	April 1	April 1	April 1	April 1	April 1	April 1
Regular Deadline	April 9	April 23	April 30	May 7	May 14	May 21	June 4

Camper Name _____

Payment Responsibility

This entire section applies to the person responsible for payment of camp fees.

A. Responsible for Payment:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Camper Parent Guardian CDC Other _____

APD (District # _____ Contact Name _____ Phone _____)

B. Place of Employment _____

Position _____

C. Dependents - Please list **ALL** individuals who are dependents of the responsible party:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

D. **Monthly** Household Income - Please enter the **TOTAL** household income for the responsible party:

- 1. Salaries and Wages \$ _____
 - 2. Other Income \$ _____
(disability, social security, retirement, unemployment, etc.)
 - 3. Camper Income* \$ _____
(employment, SSI, SSDI, SSA, etc.)
- Total Gross *Monthly* Family Income** \$ _____

*Camper income **MUST** be entered whether they are a dependent of the responsible party or not.

E. Adjusted Gross Household Income \$ _____
Recorded in **2009** Federal Income Taxes*

*Copy of 2009 federal income tax filing **MUST** be included. If income taxes were not filed, please include a copy of your W-2 and/or a 2009 Social Security benefit statement.

Please note any unusual or special circumstances that may require consideration _____

Many organizations provide funding for people to attend summer camp. Have you sought and/or received financial aid from another source? If yes, please explain: _____

Authorization

I certify that the statements and information made in this application are true and correct to the best of my knowledge.

Completed By: Camper Parent Guardian Group Home Manager Other _____

Signature _____ Date _____