

2009 Financial Assistance Form

To apply for financial assistance, please complete this form and enclose with your registration forms. Please note that financial assistance is income based and availability of funds varies from year to year. Only completed applications with required documents will be considered.

Camper's Name: (Last) _____ (First) _____ Social Security Number: _____ Birth Date: (Required) _____

Parent/Guardian's Name: (Last) _____ (First) _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Additional persons in household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Please fill in all the items below:

(You may not apply for BOTH the Sibling Discount and Financial Assistance)

Annual Household Income: _____ # in Household: _____

Verification:

To process your application, we will need the following information for all adults in the household to verify income (as applies) Please check off items attached:

- | | | |
|--|--|--|
| <input type="checkbox"/> Last two pay stubs | <input type="checkbox"/> Unemployment check stubs | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Social Security or disability | <input type="checkbox"/> Retirement/pension income | <input type="checkbox"/> Welfare Assistance / AFDC / TANF payment stub |

Please describe any special circumstance that should be taken into consideration when reviewing your application for a summer camp financial assistance:

(You may attach additional pages if necessary)

I certify that I am a resident of New Castle County, DE and the statements above are true and correct.

Parent Signature: _____ Date: _____

Applicants must be residents of New Castle County, DE. Maximum award per summer: \$290.00 per individual camper/ \$580.00 per family. (If approved for financial assistance, before and after care costs will be waived as well)

Deadline for submission is May 22nd, 2009 / Award Date: June 2nd, 2009.

For Office use only:

Received by: _____ Date: _____

Committee Representative: _____ Scholarship Granted: Yes No

Amount of Award: _____ Date Award / Decision Letter Mailed: _____