

## 2010 Summer Camp Financial Aid Process

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### 1. Eligibility

- Must be a resident of New Castle County
- Financial aid is income based
  - ▲ Criteria for income eligibility follows the US Department of Health and Human Services Poverty Guidelines at 300% of the 2009 rates. (further information can be found at <http://www.hhs.gov/>)
- First come first served basis

### 2. Process

- Complete registration and financial aid forms in their entirety and attach required documentation of income
  - ▲ Documentation includes one of the following: pay stubs, recent tax filings, government assistance (Social Security, TANF, AFDC, unemployment check stubs), child support documents or retirement or pension income
- Submit financial aid and registration forms via fax at 453-3076 or in person at the DTCC Stanton campus camp office during normal business hours.
  - ▲ You must submit forms in their entirety - incomplete packets (including financial aid, registration forms and back up documentation) will not be considered
- To hold a spot for camp, you must enclose a deposit as per the instructions
- Your eligibility is confirmed by a financial aid committee (which meets periodically during the financial aid eligibility period) - If funds are available you will be notified via mail
- Notice is mailed to parent prior to the start of camp with instructions on how to accept financial aid award
- All decisions will be made no later than May 21, 2010 and parents will be notified via mail by June 2, 2010

### 3. Award Information

- If approved, financial aid will be awarded in the amount of \$145 toward a weekly camp, with a \$25 contribution to the camp cost required for all financial aid recipients. Fees for before and aftercare will also be waived for approved scholarship recipients
- If approved, maximum award, if available, per summer is \$290.00 per individual camper and/or \$580.00 per family

**4. Deadline for submission is May 21<sup>st</sup>, 2010 / Award Date: June 2<sup>nd</sup>, 2010.  
You are encouraged to submit all forms as early as possible.**

## 2010 Summer Camp Financial Assistance Form

To apply for financial assistance, please complete this form, enclose your registration forms and deposit. 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)

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only:

Received by: _____	Date: _____
Committee Representative: _____	Scholarship Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Award: _____	Date Award / Decision Letter Mailed: _____