

## 2017 Camp Financial Assistance Form

To apply for financial assistance, please complete this form, enclose your camp registration forms and a deposit of \$25 per week, per camper. 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) Last four of SS#: Birth Date: (Required)

Parent/Guardian's Name: (Last) (First) Last four of SS#:

Street Address: City: State: Zip:

Phone #1: Phone #2:

Additional persons in household:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

To process your application, we will need one of the following information **for all adults in the household** to verify household income. **You MUST submit 2016 federal return**, as well as copies of the following information when applicable:

- |                                                              |                                                                                                                               |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Last two pay stubs                  | <input type="checkbox"/> Social Security or disability checks (or bank statement showing amount of automatic monthly deposit) |
| <input type="checkbox"/> Retirement/pension income statement | <input type="checkbox"/> State assistance (WIC, TANF, AFDC, and/or DHCP)                                                      |
| <input type="checkbox"/> Child support statement             | <input type="checkbox"/> Self-employed: Attach schedule C or appropriate tax forms                                            |
| <input type="checkbox"/> Unemployment check stubs (last two) |                                                                                                                               |

NOTE: If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 800.829.1040.

I verify that all the information provided is correct, complete and accurate. I verify that the child is my legal dependent and lives with me and we reside in New Castle County, Delaware. If my situation changes, I agree to notify the Camp Office within 10 days or my scholarship may be revoked.

Parent Signature: Date:

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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**Please note: Financial assistance is awarded on a first-come, first-served basis. There is a maximum of 2 weeks/child and 4 weeks/family for the 2017 camp season. Deadline for submission of all the required documentation is May 1, 2017. You are encouraged to submit all forms as early as possible. Financial assistance is awarded by June 2, 2017.**

For Office use only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Representative: \_\_\_\_\_ Financial Aid Granted:  Yes  No

Amount of Award: \_\_\_\_\_ Date Award / Decision Letter Mailed: \_\_\_\_\_