



Camp Sun 'N Fun 2019 Financial Aid Application

Thanks to generous foundations and donors the Arc Gloucester is able to offer partial camperships to families in need to help with tuition fees in order that their camper/loved one may attend summer camp, travel camp or a camp respite weekend.

If your camper lives at home and you are in need of financial assistance in order to send your loved one to Camp Sun 'N Fun for the 2019 camp/respite season please complete the application below and submit to the Camp Administrative Assistant. Maximum award for each camper will be between \$500 and \$800.

CAMPER INFORMATION

Camper Name: _____ First Time Camper Returning Camper (circle one)
Parent/Caregiver Name: _____ Session(s) Applied For: _____

FINANCIAL AID INFORMATION

If approved for a campership how much would you be able to pay towards tuition?

\$ _____ per week per month one-time payment (Circle One)

Total amount of aid you are requesting: \$ _____

Ever received tuition assistance: Y or N If yes, from what source: _____

Annual Household Income for: 2018 \$ _____ 2019 \$ _____ (estimate if necessary)

Number of members in the household: _____

<u>MONTHLY HOUSEHOLD INCOME</u>	<u>Monthly Amount</u>
Wages	\$ _____
SSI or SSDI Payment	\$ _____
Retirement/Pension	\$ _____
Unemployment/Workers Compensation	\$ _____
Temporary Assistance to Needy Families (TANF):	\$ _____
Alimony/Child Support	\$ _____
Supplemental Nutrition Assistance Program (SNAP)	\$ _____
Other Public/Private Assistance: _____	\$ _____
Total Monthly Household Income	\$ _____



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<u>MONTHLY HOUSEHOLD EXPENSES</u>	Monthly Amount
Housing: Own or Rent (circle one)	\$ _____
Food (not including SNAP)	\$ _____
Utilities (Gas, Electric, Water)	\$ _____
Phone/Cell	\$ _____
Cable/Internet	\$ _____
Health Insurance/Expenses (include out of pocket)	\$ _____
Vehicle (loan/lease, insurance, maintenance, gas)	\$ _____
Other monthly expenses: (please list)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Household Expenses	\$ _____

ADDITIONAL INFORMATION

Use this space to elaborate on any information not sufficiently explained in other areas as to why you are requesting financial aid for your loved one to attend camp or respite services.

***Please attach a copy of most recent tax return and a copy of 2 recent pay stubs**
***Please be aware that proof of income must be attached to this application for processing purposes. *If you do not provide this information your application will not be processed.* All copies will be kept strictly confidential and will be destroyed upon completion of processing.**

I hereby certify that the information supplied herein, is true, accurate and complete to the best of my knowledge.

Signature

Date