

# summer at park

## 2018 FINANCIAL ASSISTANCE APPLICATION

Please check one:                      [ ] New Applicant                      [ ] Returning Applicant

Camper Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper(s) Address: \_\_\_\_\_

Requested Camp Programs: (Please list the camp names and the respective weeks/sessions)

\_\_\_\_\_

Family Status: Married       Divorced/Separated       Co-parent       Single

Camper lives with: \_\_\_\_\_

**Parent/Guardian 1**  
Mother/Father (circle one)

**Parent/Guardian 2**  
Mother/Father (circle one)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

# of years employed: \_\_\_\_\_

# of years employed: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

If you have any children in college, please list the student's name, the college and amount you contribute toward tuition.

Student \_\_\_\_\_ College \_\_\_\_\_ Contribution \_\_\_\_\_

Student \_\_\_\_\_ College \_\_\_\_\_ Contribution \_\_\_\_\_

	2017	2018 (estimated)
<b>GROSS ANNUAL INCOME:</b>	_____	_____
Additional dividend/interest	_____	_____
Child Support/Alimony pay? Y or N receive? Y or N	_____	_____
Any other income (rent, business, social security)	_____	_____

<b>HOUSING:</b>	Rent? Y or N	Own? Y or N
	Monthly payment _____	Unpaid balance _____
		Market Value _____
<b>OTHER FAMILY ASSETS:</b>	Investments (value) _____	Trust Funds _____
	Money Markets _____	Savings/CDS _____

**Please list all other liabilities** (i.e. car, equity, student loans, credit cards, etc.)  
Please attach a separate sheet if necessary.

Source _____	Monthly payment _____
Source _____	Monthly payment _____
Source _____	Monthly payment _____
Source _____	Monthly payment _____
Source _____	Monthly payment _____

How much can you contribute toward the summer program cost? \_\_\_\_\_

**FOR RETURNING APPLICANTS:** How much aid were you awarded last year? \_\_\_\_\_

*You must attach a copy of your 2017 wage earnings statement (W-2 and/or 1099 form), pay stubs from the most recent 2 pay periods, or tax form (1040 or equivalent) if they are completed at the time of your application submission. Please note that a copy of your completed taxes may be requested at a later date if they are not submitted with your initial application.*

Signature Parent/Guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature Parent/Guardian 2: \_\_\_\_\_

Date: \_\_\_\_\_