

# ELMSFORD SUMMER DAY CAMP

## ***FINANCIAL ASSISTANCE REQUEST FORM for CAMP 2024***

Please read the following important information,

**Before filling out the attached application.**

1) This is an application for Financial Assistance for Elmsford Summer Day Camp. Please review the application in its entirety to ensure that you qualify and then **please scan the completed application** and email it to [summercamp@elmsfordny.org](mailto:summercamp@elmsfordny.org). Please make sure that everything is filled out and that in the subject line you type is FA application. Please note: Emailing this form does not guarantee aid approval or a spot in our 2024 camp. Once we receive the completed application via email, we will send you further information on how to register your children for our programs and the timeline for financial aid assistance approval.

2) There are limited resources for providing financial assistance. Assistance is available for those who qualify for our Camp Sunny Days, Camp Sunshine and Elite programs. The assistance is only granted to those who qualify as Elmsford Camp residents. If you are approved for financial aid, then your children will be part of the Lunch Program and lunch will be provided at no extra cost.

3) After your application is received and reviewed additional information may be requested to be provided. **Please also note that financial aid applications should be turned in by April 1st. After this date, we may no longer have any availability for such applications.**

**The application is attached. Please go to the next page.**

# ELMSFORD SUMMER DAY CAMP

## Financial Assistance Application Camp 2024

### Section One: Camper Information

Please list name, age and grade (Sept 2024) for all campers you are seeking financial assistance for the 2024 summer camp season.

Name	Date of Birth	Grade in Sept 2024
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Section Two:

Contact & Employment Information

Mother (or Guardian # 1) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Contact: \_\_\_\_\_

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

\_\_\_\_\_

Father (or Guardian # 2) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Contact: \_\_\_\_\_

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

\_\_\_\_\_

Whom do the children live with? If there is a joint custody arrangement, and/or other split arrangement, please be specific, and note that documentation may be required

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Section Three:**

Qualifying factors for Financial Assistance

Do your children qualify for reduced lunch or free lunch during the school year? Please circle if applicable.

**Reduced Lunch**

**Free Lunch**

**You must provide official documentation that shows the qualification for the above for the 2023-2024 school year.**

What school(s) do your children currently attend? \_\_\_\_\_

If you do not have the above required documentation you must give Elmsford Day Camp permission to request documentation directly from the school regarding your child receiving free or reduced lunch by signing and dating below:

\_\_\_\_\_

Date\_\_\_\_\_

Parent/Guardian Signature

What is the family's annual household gross income? \_\_\_\_\_

How many people are in the household? *We realize this may differ from the amount of children you are enrolling in camp.*

# Of children \_\_\_\_\_

# Of adults \_\_\_\_\_

Have there been any recent changes or hardships that have occurred this year, which would result in a loss of income? Please be specific and feel free to attach additional pages.

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Why do you feel your children would need or benefit from attending Elmsford Day Camp?

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Have you made any effort to apply for aid from social services, or other daycare subsidizing agencies? If so, what was the outcome? Please be specific.

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Please use the space below, to write down anything else you feel is important to include within this application

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