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# ELMSFORD SUMMER DAY CAMP

## *FINANCIAL ASSISTANCE REQUEST FORM for CAMP*

**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 note, that your application will not be considered, unless you have completed the online registration process. The link to register is on our website: www.elmsfordny.org).

2) Please note that this is an application only. There are limited resources for providing financial assistance. Assistance is only available for the REGULAR CAMP SUNSHINE and CAMP TEEN ELITE PROGRAMS, HALF-DAY PROGRAM (Pre-K and K only). No financial assistance is available for extended afternoon, or early morning programs.If you are approved for financial aid then your children will be part of the Free Lunch Program and lunch will be provided at no extra cost.

3) Filling out the application does not guarantee financial assistance will be granted. If you complete this application by the due date of **April 27th**.

4) After your application is received and reviewed additional information may be requested to be provided.

5) Please mail the application to Summer Camp: 15 South Stone Ave Elmsford, NY 10523

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

### **ELMSFORD SUMMER DAY CAMP**

Financial Assistance Application Camp ‘19

**Section One:** Camper Information

Please list name, age and grade (Sept ‘19) for all campers you are seeking financial assistance for the 2019 summer camp season.

Name Date of Birth Grade in Sept ‘19

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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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

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**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 2018-2019 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.

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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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