

summer at park

2010 FINANCIAL ASSISTANCE APPLICATION

Please check one: New Applicant Returning Applicant

Camper Name: _____ Date of Birth _____ Age as of 6/1/2010 _____
 Camper Name: _____ Date of Birth _____ Age as of 6/1/2010 _____
 Camper Name: _____ Date of Birth _____ Age as of 6/1/2010 _____

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)

Name: _____

Address: _____

Phone: Home: _____
 Work: _____

Occupation: _____

Company: _____

of years employed: _____

Number of dependents: _____

Parent/Guardian 2
 Mother/Father (circle one)

Name: _____

Address: _____

Home: _____
 Work: _____

Occupation: _____

Company: _____

of years employed: _____

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 _____

Family Income:

| Parent 1: Name _____ | 2009 | 2010 (estimated) |
|--|-------|------------------|
| Salary and Wages before taxes: _____ | _____ | _____ |
| Parent 2: Name _____ | | |
| Salary and Wages before taxes: _____ | _____ | _____ |
| Dividend/interest income: _____ | _____ | _____ |
| Child Support/Alimony pay? _____ receive? _____ | _____ | _____ |
| Other income (rent, business, social security) _____ | _____ | _____ |
| Total Income _____ | _____ | _____ |

| | | |
|----------|-----------------------|----------------------|
| Housing: | Rent? _____ | Own? _____ |
| | Monthly payment _____ | Unpaid balance _____ |
| | | Market Value _____ |

| | | |
|----------------------|---------------------------|-------------------|
| Other family assets: | 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 2009 tax form (1040 or equivalent), wage earnings statement (W-2 and/or 1099 form).

Signature Parent/Guardian 1: _____ Date: _____

Signature Parent/Guardian 2: _____ Date: _____