

Financial Assistance Application

TEL: 973-998-9330 **EMAIL:** info@springstreetcdc.org **WEB:** www.springstreetcdc.org

We cannot take incomplete forms or applications with missing documents.

To apply for Financial Assistance, you must:

- Fully complete this form
- Send your 2020 Internal Revenue Service (IRS) Tax Statement (W2), and/or your SSI allocation statement
- Send 1 of the following:
 - (a) Copies of 3 current or recent paycheck stubs, or other proof of you and/or your spouse's salary
 - (b) Social Services Statement/Foster Child Payment Slip
 - (c) Food Stamp information

CAMPER NAME(S):

Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age at time of camp: _____ Grade this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age at time of camp: _____ Grade this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
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***Number of Family Members Including You: _____**

ACCOUNT HOLDER (PARENT/GUARDIAN #1):

(this person will get all mail, email, and phone calls)

Name (First & Last): _____

Email Address: _____ **Please give a correct email address. We will email you at this address. Your email address will not be shared.*

Date of Birth: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country (if outside USA): _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other _____ Custodial Parent? Yes No

NoEmployer (if applicable): _____ Job: _____

Full-Time Employed Part-Time Employed Unemployed

PARENT/GUARDIAN #2

(Note: the "Account Holder" named above will get all mail, email, and phone calls)

Check this box if address and home phone are the same as Account Holder

Name (First & Last): _____ Job: _____

Relationship to Camper: Mother Father Guardian Other _____

Full-Time Employed Part-Time Employed Unemployed

Late applications will be reviewed and awarded based on availability of scholarship funds.

THE FOLLOWING QUESTIONS MUST BE ANSWERED TO PROCESS YOUR APPLICATION

INCOME INFORMATION:

Total income: \$ _____ (Total annual household income before taxes including income from all outside sources; ie. child support, welfare benefits, social security, and disability insurance.)

What financial contribution will you make for your child's camping expenses? **(MANDATORY)** \$ _____
(MUST BE MONETARY VALUE)

WHICH DOCUMENTS ARE YOU SUBMITTING?

- Most recent IRS Tax Statement (W2), and/or your SSI allocation statement (MANDATORY)**
- Copies of 3 current or recent paycheck stubs, or other proof of you and/or your spouse's salary
- Social Services Statement/Foster Child Payment Slip
- Food Stamp information

REGISTRATION INFORMATION (must check one):

I am aware that payment plans are available to me. I will contact the camp registrar to arrange for a payment plan.

- I would like to register my child now and I have included the registration form and **required deposit**.
- I will await outcome before registering my child.

Please provide a written statement describing any reason or hardship that this application does not include or you would like us to know on page 3 (required).

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Spring Street CDC. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of financial assistance.

Name (print) : _____ Signature: _____

Application – Written Statement

Describe the hardship(s) or reason(s) for applying:
