



# Camp Sun 'N Fun 2023 Financial Aid Application

Thanks to generous foundations and donors the Arc Gloucester is able to offer partial camperships to families in need to help with tuition fees in order that their camper/loved one may attend summer camp, travel camp or a camp respite weekend. Please note the \$100.00 registration fee cannot be covered by financial aid.

If your camper lives at home and you are in need of financial assistance in order to send your loved one to Camp Sun 'N Fun for the 2023 camp/respite season please complete the application below and submit to the Camp Administrative Assistant.

### CAMPER INFORMATION

Camper Name: \_\_\_\_\_ First Time **or** Returning Camper (circle one)

Parent/Caregiver Name: \_\_\_\_\_ Session(s) Applied For: \_\_\_\_\_

### FINANCIAL AID INFORMATION

If approved for a campership how much would you be able to pay towards tuition?

\$ \_\_\_\_\_ per week per month one-time payment (Circle one)

Total amount of aid you are requesting: \$ \_\_\_\_\_

Ever received tuition assistance: Y or N If yes, from what source: \_\_\_\_\_

Annual Household Income for: 2021 \$ \_\_\_\_\_ 2022 \$ \_\_\_\_\_ (estimate if necessary)

Number of members in the household: \_\_\_\_\_

<u>MONTHLY HOUSEHOLD INCOME</u>	Amount
Wages:	\$ _____
SSI or SSDI Payment	\$ _____
Retirement/Pension	\$ _____
Unemployment/Workers Compensation	\$ _____
Temporary Assistance to Needy Families (TANF):	\$ _____
Alimony/Child Support:	\$ _____
Supplemental Nutrition Assistance Program (SNAP):	\$ _____
Other Public/Private Assistance:	\$ _____
<b>Total Monthly Household Income:</b>	<b>\$ _____</b>



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<u>MONTHLY HOUSEHOLD EXPENSES</u>	Monthly Amount
Housing    Own    or    Rent (circle one)	\$ _____
Food (not including SNAP)	\$ _____
Utilities (gas, electric, water)	\$ _____
Phone/Cell	\$ _____
Cable/Internet	\$ _____
Health Insurance/Expenses	\$ _____
Vehicle (loan/lease, insurance, maintenance, gas)	\$ _____
Other Monthly Expenses	\$ _____
<b>Total Monthly Household Expenses</b>	<b>\$ _____</b>

## ADDITIONAL INFORMATION

Use this space to elaborate on any information not sufficiently explained in other areas as to why you are requesting financial aid for your loved one to attend camp or respite services.

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**\*Please attach a copy of most recent tax return and a copy of 2 recent pay stubs**

**\*Please be aware that proof of income must be attached to this application for processing purposes. If you do not provide this information your application will not be processed. All copies will be kept strictly confidential and will be destroyed upon completion of processing.**

I hereby certify that the information supplied herein, is true, accurate and complete to the best of my knowledge as of the date signed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date