



Camp Ketcha Office Use

Date received: ___/___/___
Complete / Incomplete: _____
Registration received: Y N
Date Registration Entered: ___/___/___

FINANCIAL AID APPLICATION 2012

Please mail this with:

1. **the completed registration form & medical form,**
2. **Page 1 of your 2011 Federal Income Tax Return,**
3. **\$50 per week deposit, plus the \$20 registration fee.**

This form is due to Camp Ketcha by April 16, 2012. Applications received after that date cannot be considered. Funding is very limited, each year we receive about three times more requests than we can fund. Awards are based on need. Submitting an application does not guarantee that you will be awarded a scholarship. *If your application is denied and your child does not attend camp, your deposit and membership fee will be returned to you.* In order to maximize the number of families we can assist, only partial scholarships will be awarded. You will be notified as soon as our funding is secured (May). Empty, blanks or false information below WILL dismiss your application.

Giving Guidelines:

Full Scholarships are not able to be awarded so as to maximize the limited funds we have available. Also in order to extend the impact of or limited funding, awards for specialty camps and horsemanship programs are extremely limited.

Camp Ketcha gives preference to the following:

- Families with a prior history of attendance at Camp Ketcha (we can not offer a scholarship to any family that we have had to send to collections.)
- Families that are permanent residents of Maine
- Families that have experienced a recent catastrophic event

No Scholarships will be awarded to families with outstanding balances with Camp Ketcha nor will they be allowed to attend. Scholarship Funds will be applied to the later weeks that the child attends camp.

1. Camper and Family Information

Child's Last Name _____ First _____

Address _____

City _____ State _____ Zip _____ Phone _____

Parent 1 Last Name _____ First _____

Email _____

Parent 2 Last Name _____ First _____

Email _____

If you are not married to the camper's other parent what is your current custody arrangement? _____

Has this child or any of your children attended Camp Ketcha before? If yes, which years? _____

2. Amount of Request

a. I am requesting financial assistance for my child to attend the programs and dates indicated on the attached registration form. (Include any additional services your child may require, such as early or late care or bus transportation). I understand that the dates I request are the dates my child must attend:

b. Total cost of the programs listed on your registration form\$ _____

What has your family done in order to cut back on expenses & save money?

I have read the entire brochure and understand all of the payment policies, and the refund policies. I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify Camp Ketcha within 30 days. If I submit false or inaccurate information, or fail to notify Camp Ketcha of any change in my financial status, I may be terminated from receiving financial assistance from Camp Ketcha. If I am missing information or have not fully completed all sections of this application my request will not be processed. If my application is denied, I will receive my deposit and registration fees back.

Signature _____ Date _____

Please Print Name _____

**PLEASE NOTE:
INCOMPLETE FORMS WILL NOT BE CONSIDERED**

See checklist below to be sure your application is complete.

Check List: Have you included the following items?

- ✓ \$50 per week registration fee
- ✓ \$20 annual registration fee
- ✓ Completed Summer Camp Registration Form & Medical Form
- ✓ Page 1 of your 2011 Federal Income Tax Return
- ✓ Financial Aid Application Financial Worksheet
- ✓ Other supporting documents- paycheck stubs, etc.

Financial Aid Application- Required Financial Worksheet

Please take a minute to fill out the additional information; this will help us to better understand your need for a scholarship.

Name _____ Date _____

Income: Attach a copy of your last two paycheck stubs and your spouse's, if applicable.

\$ _____ your gross monthly income

\$ _____ your spouses / partner's gross monthly income

\$ _____ Social Security / Disability

\$ _____ Child Support

\$ _____ AFDC / TANF

\$ _____ Food Stamps

\$ _____ Other (please explain below)

\$ _____ TOTAL

Necessary Monthly Living Expenses

\$ _____ Monthly Rent / Mortgage / Taxes

\$ _____ Auto Loan / Insurance / Gas / Bus

\$ _____ Utilities (electric / oil / propane / water)

\$ _____ Phone

\$ _____ Food

\$ _____ Medical / Health Insurance

\$ _____ Other (please explain below)

\$ _____ TOTAL