

## FINANCIAL ASSISTANCE INFORMATION

### Eligibility

- ♣ Financial assistance is available to campers living at home with family and are enrolled in Medicaid.
- ♣ Financial assistance is available for overnight AND day camp!
- ♣ Financial assistance is awarded based on a sliding fee scale in relation to family size, the total household income, and demonstrated extenuating circumstances (e.g. extensive medical bills, illness, loss of income, unusual expenses, etc.). Please include any information you would like to be considered as part of this application.

### How to Apply

- ♣ Fill out this form completely and accurately.
- ♣ Supply copies of all supporting documents. Incomplete financial assistance applications will not be evaluated.
- ♣ Return completed form and supporting documents to the camp office via email to [d\\_ross@cfdsny.org](mailto:d_ross@cfdsny.org), fax to (518) 384-3001 or by post to Clover Patch Camp, 55 Helping Hand Lane, Glenville, NY 12302.

### Additional Information

- ♣ Completing this form is not a guarantee of financial assistance. If the camper has previously received financial assistance, please do not assume that the same award can be offered again.
- ♣ Our financial resources are limited. We ask that the camper/family contribute as much as feasible to the camper's tuition so that we may assist as many campers as possible.
- ♣ Camp tuition may be paid in a lump sum or spread out over monthly/quarterly payments starting in January. The total tuition must be paid in full by the end of the calendar year.
- ♣ Clover Patch Camp strongly encourages those campers who do not qualify for assistance to pursue financial support opportunities through other sponsoring agencies and community service groups.
- ♣ All applications and personal documents are kept confidential.
- ♣ Approval of requests is subject to the availability of funds.
- ♣ There is no application deadline, however applications should be submitted as early as possible.

## FINANCIAL ASSISTANCE REQUEST FORM

### Camper Information

Name	Phone Number	Date of Birth	
Address	City	State	Zip code

### Household Information

Name of Parent/Caregiver/Legal Guardian (required for all campers)	Relationship to Camper	Home Phone	
Occupation	Employer	Work Phone	
Name of Parent/Caregiver/Legal Guardian (required for all campers)	Relationship to Camper	Home Phone	
Occupation	Employer	Work Phone	

### Others in Household

Name	Relationship to Camper	Age	Status (Please check one)		
1.			<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other
2.			<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other
3.			<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other
4.			<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other
5.			<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other

### Total Monthly Household Income

Earnings (salary, wages, commissions, etc.)	Gross Monthly: \$
Agency Subsidy (SSI, disability, unemployment, TANF, etc.)	Gross Monthly: \$
Other (alimony, child support, retirement, pension etc.)	Gross Monthly: \$
Total Gross Monthly Income: \$	

Income verification is required for all applications (e.g. W-2, pay stubs, vouchers, SSI statements, etc.). Incomplete applications or applications without supporting documentation will not be evaluated.

**I have read and understand the policies and procedures of the Clover Patch Camp financial assistance program. I certify that the information provided on this form is accurate and complete. I agree to notify Clover Patch Camp immediately if the camper/family financial status changes or if the camper moves into a group residence/family care home. I agree to provide additional documentation, if requested.**

\_\_\_\_\_  
Parent/Guardian/Advocate Signature

\_\_\_\_\_  
Date