

FINANCIAL ASSISTANCE INFORMATION

Eligibility

- ♣ Financial assistance is available to campers living at home with family in the Capital District.
- ♣ Financial assistance is available for overnight 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 campinfo@cfdsny.org or fax to (518) 384-3001

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 and be paid in full two weeks prior to the camping session.
- ♣ 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