

Super Camp Financial Aid Form

INSTRUCTIONS:

Be sure to complete all items. Do not leave any item blank - enter zeros if appropriate. Starred (*) items must be explained in the space provided at the end of this form. Information must be based on your recent income tax return(s).

If the applicant's parents are separated or divorced and the applicant is financially supported in whole or in part by the non-custodial parent or by another adult, then each parent and stepparent or other supporting adult must fill out a form.

1.Applicant's name:	Date of Birth: / /	
Home Address:		
City and State:		
Zip:	Phone:	
Indicate whose financial d	ata appears on this form (check all that apply):	
□ Parents (separated or	divorced) \Box Father \Box	Mother
□ Father or Mother (un	able to work)	Stepmother
□ Father or Mother (de	ceased) Legal guardian (other than parents)	Other adult
2a. Name of father, stepfa	ther, or male guardian:	
Occupation:	Age:	
Home Address:		
City and State:		
Zip:	Phone:	
2b. Name of mother, step	mother, or female guardian:	
Occupation:	Age:	
Home Address:		
City and State:		
Zip:	Phone:	
3. Income Tax Filing Status	Other Tax Information	
□ Single	4. How many federal tax exemptions did you take last year?	
☐ Head of Household		
□ Married Filing Jointly	5. How many children reside in your home and/or receive	
☐ Married Filing Separa		



6. Total Taxable Income (before deductions):	A				
a. Income from Parent's wages, salaries & tips	<u>\$</u>				
b. Income from Parent's wages, salaries & tips	\$				
*c. Income from dividends and interest (complete items * & *)	\$				
d. Alimony received	\$				
*e. Net profit or loss from any business and/or farm (complete	item *) \$				
*f. Other taxable income (includes pensions, annuities, rents,					
Royalties, estates or trusts, and expenses paid in lieu of alimony	() \$				
	Total: \$				
	1				
7a. Untaxed Portion of Payments	*9. Non-taxable income: \$				
to IRA \$					
	a. Child support received \$				
7b. Keogh plan payments & self- \$	b. Social Security Benefits \$				
employed SEP contributions	(total for family):				
*8. Other IRS allowable \$	c. Other non-taxable income \$				
adjustments to income:	(include state aid, ADC payments, veterans benefits, military				
(include unreimbursed moving expenses, penalty on early	allowances, aid from friends or relatives,				
withdrawal of savings, alimony paid,	value of free housing, food, or services, income from exempt				
disability income exclusion)	securities, and income earned abroad)				
disability income exclusion;	securities, and meetine curried abroady				
T					
*10. Total medical and dental expenses not covered by insurance	ce				
(do not include cost of insurance premiums)	\$				
*11. Unusual expenses:	\$				
(include uninsured natural disasters, legal fees, unreimbursed t					
for home purchase or refinancing; do not include routine payme	·				
furnishings, cars, insurance premiums, retirement plans, comm	•				
12. Home (if owned): purchase price market value unpaid mort					
13. Other real estate:	\$				
14. Bank Accounts - total of interest bearing savings and checking					
*15. Other Investments - net value: (include trust funds, certificates of deposit, stocks, bonds,					
securities and money market accounts)	\$				
* 16. Total Indebtedness:	\$				
(include debts remaining from medical and dental care, educati	on of parents, business debts if business was dissolved, funeral				
expenses, legal fees, uninsured natural disasters; do not include	-				
for routine home repairs, schooling expenses for children, trave	el, mortgages or other debts listed elsewhere on this form)				
17. Business, Farm, Partnership:					
	Ownership interest%				
	Total assets \$				
	Total liabilities \$				



18. Camper applicant's own assets:		\$
18. a. Program & Session you are applying for:	c. Dollar amounts available for camp costs	this summer:
Super Camp	From parents', stepparents', or other	
	supporting adult's income and assets:	\$
	From Applicant's assets:	\$
b. Super Camp Tuition Current Tuition.	From friends, relatives, trusts:	\$
	From Social Security, other benefits:	\$
	From State or other sources:	\$
\$1600	Total Amount Available contribution:	\$
19. Please use this space to explain the questions th	nat have starred (*) numbers or letters.	
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