**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.

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| 1.Applicant's name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: | / / . |
| Home Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| City and State: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Zip: | \_\_\_\_\_\_\_\_\_\_ | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Indicate whose financial data appears on this form (check all that apply):

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| --- | --- | --- | --- | --- | --- | --- |
| □ | Parents (separated or divorced) |  | □ | Father | □ | Mother |
| □ | Father or Mother (unable to work) |  | □ | Stepfather | □ | Stepmother |
| □ | Father or Mother (deceased) |  | □ | Legal guardian (other than parents) | □ | Other adult |

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| 2a. Name of father, stepfather, or male guardian: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Occupation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Age: | \_\_\_\_\_\_\_\_\_ |
| Home Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City and State: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Zip: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 2b. Name of mother, stepmother, or female guardian: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Occupation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Age: | \_\_\_\_\_\_\_\_\_ |
| Home Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City and State: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Zip: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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 Separately |  | support from you? | \_\_\_\_\_\_\_\_ |

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| 6. Total Taxable Income (before deductions): |  |
| a. Income from Parent’s wages, salaries & tips | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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: | $\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 7a. Untaxed Portion of Payments  to IRA | $\_\_\_\_\_\_\_\_\_\_\_\_ | \*9. Non-taxable income: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | a. Child support received | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7b. Keogh plan payments & self-employed SEP contributions | $\_\_\_\_\_\_\_\_\_\_\_\_ | b. Social Security Benefits  (total for family): | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*8. Other IRS allowable | $\_\_\_\_\_\_\_\_\_\_\_\_ | c. Other non-taxable income | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| adjustments to income:  (include unreimbursed moving expenses, penalty on early withdrawal of savings, alimony paid,  disability income exclusion) | | (include state aid, ADC payments, veterans benefits, military allowances, aid from friends or relatives,  value of free housing, food, or services, income from exempt securities, and income earned abroad) | |

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| \*10. Total medical and dental expenses not covered by insurance  (do not include cost of insurance premiums) | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*11. Unusual expenses: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| (include uninsured natural disasters, legal fees, unreimbursed tuition for parent's education, nursing home care, closing costs for home purchase or refinancing; do not include routine payments for home improvement or maintenance, appliances, furnishings, cars, insurance premiums, retirement plans, commuting expenses, contributions, child care costs) | |
| 12. Home (if owned): purchase price market value unpaid mortgage principal | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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, education of parents, business debts if business was dissolved, funeral expenses, legal fees, uninsured natural disasters; do not include charge accounts, installment and credit card purchases, debts for routine home repairs, schooling expenses for children, travel, mortgages or other debts listed elsewhere on this form) | |
| 17. Business, Farm, Partnership: |  |
| Ownership interest | \_\_\_\_\_\_% |
| Total assets | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total liabilities | $\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 22. Camper applicant's own assets: | | $\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 23. a. Program & Session you are applying for:  Super Camp & SuperGIrls Society \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | c. Dollar amounts available for camp costs this summer: | | |
| From parents', stepparents', or other supporting adult's income and assets: | | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| From Applicant's assets: | | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Super Camp Tuition  $\_\_1,800\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From friends, relatives, trusts: | | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| From Social Security, other benefits: | | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| From State or other sources: | | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Amount Available:** | | **$\_\_\_\_\_\_\_\_\_\_\_\_** |

24. Please use this space to explain the questions that have starred (\*) numbers or letters.

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