**Super Camp Financial Aid Form**

**2020**

**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 data appears on this form (check all that apply):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □ | 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 |

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

|  |  |
| --- | --- |
| 2b. Name of mother, stepmother, 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 Separately |  | support from you? | \_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 6. Total Taxable Income (before deductions): |  |
| a. Income from Parent’s wages, salaries & tips | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Income from Parent’s wages, salaries & tips | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. a. Program & Session you are applying for:Super Camp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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. How much support are you requesting to support your Super Camp Tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From friends, relatives, trusts: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| From Social Security, other benefits: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| From State or other sources: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Amount Available contribution:** | $\_\_\_\_\_\_\_\_\_\_\_\_ |