

## THE CAEDMON SCHOOL DISCOVERY CAMP FINANCIAL ASSISTANCE APPLICATION

This form and your accompanying documentation will entitle you to apply for financial aid through The Caedmon School Discovery Camp's Financial Assistance Program in order for your child to attend summer day camp. Before applying, please understand that funds are limited and dispersed on a first-come, first-serve basis. The program is NOT intended to cover full tuition, but to assist those who qualify with a percentage or partial amount of the program costs. Please make sure to answer all areas and provide proof of all income, including a copy of your INCOME TAX RETURN. Any incomplete application will be returned unprocessed. **\*\*\*If you intend to register your child regardless of receiving financial aid, please submit the necessary deposits to hold your child's place in the program.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Circle Program Applied For: Full Day \_\_\_ Half Day \_\_\_ Intended Start Date: \_\_\_\_\_

Name of Applicant : \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Work Telephone # \_\_\_\_\_ ext: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please list all household members & submit a copy of last years Income Tax Returns and your most recent pay stub**

Name	Age	Relationship	Employed		ANNUAL INCOME
			Yes	No	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL ANNUAL INCOME: _\$</b>					_____

Home Expense:     Own     Live Rent Free w/ \_\_\_\_\_     Rent w/ Monthly Payment of \$ \_\_\_\_\_

	2019	Estimated 2020
Net profit/loss from business and/or farm (if loss, use parentheses around figures.) .....	\$ _____	\$ _____
Child support received for all children.....	\$ _____	\$ _____
Social security benefits for entire family.....	\$ _____	\$ _____

**Other nontaxable income (Complete worksheet below.)**

Payment to tax-deferred pension and savings plans as reported on W-2 form(s). Include amounts withheld from earnings for qualified retirement plans, such as 401(k) and 403(b) plans.....	\$ _____	\$ _____
Pretax contributions or employer-provided untaxed income from fringe benefit plans (cafeteria or 125 plans) \$	\$ _____	\$ _____
Cash support, gifts, or money paid on your behalf (from relatives or non-relatives).....	\$ _____	\$ _____
Household expenses and any money paid by separated or divorced spouse in lieu of child support.....	\$ _____	\$ _____
Housing, food and other living allowances (excluding rent for low-income housing) paid on your behalf or to you as a member of the military, clergy, or other occupation (including cash payments and cash value of benefits), or contributions to your household income provided by other non-dependent member.....	\$ _____	\$ _____
Earned income credits, welfare benefits, veterans benefits, workers compensations.....	\$ _____	\$ _____

Income from tax-exempt investments..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Income earned abroad (*Foreign Income Exclusions, IRS Form 2555, or 2555EZ*)..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Other untaxed income and benefits not included above..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Enter the 2019 and estimated 2020 totals** **Totals.....** \$ \_\_\_\_\_ \$ \_\_\_\_\_

	10A Year purchased	10B Purchase price	10C Present market value	10D Unpaid principal on 1 <sup>st</sup> mortgage	10E Annual payments on 1 <sup>st</sup> mortgage
Home ( <i>if owned</i> )	_____	\$ _____	\$ _____	\$ _____	\$ _____
All other real estate	_____	\$ _____	\$ _____	\$ _____	\$ _____

Do you have a 2<sup>nd</sup> mortgage/equity loan?      Yes       No   
*If so, describe the purpose of the second mortgage and or equity loan in notes.*

**Family cars owned or leased:**

1. (*make, model, year*) \_\_\_\_\_

Provided by employer/business       Own \$ \_\_\_\_\_       Lease \$ \_\_\_\_\_

2. (*make, model, year*) \_\_\_\_\_

Provided by employer/business       Own \$ \_\_\_\_\_       Lease \$ \_\_\_\_\_

3. (*make, model, year*) \_\_\_\_\_

Provided by employer/business       Own \$ \_\_\_\_\_       Lease \$ \_\_\_\_\_

Boats or other recreational vehicles owned or leased (*make, model, year*).

Own \$ \_\_\_\_\_       Lease \$ \_\_\_\_\_

	2019	Estimated 2020
Total medical/dental expenses not reimbursed by insurance companies .....	\$ _____	\$ _____
Total paid for medical/dental insurance plans.....	\$ _____	\$ _____
Unusual expenses .....	\$ _____	\$ _____
Annual cost of clubs requiring dues over \$250 in 2019.....	\$ _____	
Costs of camps and lessons in 2019.....	\$ _____	
Costs of vacations in 2019.....	\$ _____	

