

Parent or Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Household Size: \_\_\_\_\_ Household Annual Gross Income: \_\_\_\_\_

(Documentation Attached)

Number of Dependents: \_\_\_\_\_ Gross income is amount earned before taxes and deductions.

(Under the age of 18) (Please include ALL income, child support, social security, etc.)

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Financial assistance is based on the following chart (all grants are only applicable for Basic Camp)

Total Family Size	Annual Income Under	Award (per camper)	Deposit (family is responsible for per camper)
2	\$40,000.00	69% - \$220	\$100
3	\$45,000.00	69% - \$220	\$100
4	\$50,000.00	69% - \$220	\$100
5	\$55,000.00	69% - \$220	\$100
6+	\$60,000.00	69% - \$220	\$100

(Note: Grants are only available 1 per camper, per summer)

1. Please tell us why you would like to send your child to an Aquatic Center Camp?  
(Additional space on back)

2. Are there any specific circumstances that we should be aware of in considering your request?  
(Additional space on back)

**To process your request for financial aid, we require a copy of the first page of your current tax returns, a summer camp registration form, and the \$100 deposit.**

I understand that each application is carefully considered, that it may not be possible to receive financial assistance, and that this request is for partial payment of the fee.

Signature of Parent or Guardian (required): \_\_\_\_\_ Date: \_\_\_\_\_