

Summer Camp Financial Assistance Application

The Aquatic Center awards financial assistance for our Basic Boating Camps. The primary intent of the Financial Assistance is to minimize the financial barrier and enable participants to benefit from our boating and water safety programs.

Parent/Guardian Name: _____

Mailing Address: _____

City, State, Zip: _____

Cell Phone: _____ Email: _____

Bases For Need:



AFDC/Food Stamps



Single Parent



Other reasons (please explain)



Catastrophic Illness or other major family event



Limited Family Income



University Academic Financial Aid

Please explain or comment on your set of circumstance: (use additional paper is necessary)

Total Household size: _____

Number of dependents: _____

Who are you requesting camp for:

Camper Name:	Date of Birth:	Camp Requested:	Dates of Camp Requested:

Has anyone in your family received financial assistance from the Aquatic Center before: YES or NO
 If yes, for what programming: _____

A complete application must include:



This Form



Copies of most recently filed tax returns, 1099's or W2 (with social security numbers redacted)

Statement explaining the circumstance of the financial hardship from the parent/guardian

Aquatic Center Use Only

Camp Enrolled: _____

Week Enrolled: _____

Amount Granted: _____

Amount Due by Participant: _____

Granted By: _____

Value of the camp: _____

Date Approved: _____

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