



Kamp Kiwanis®

Financial Aid Application 2017

9020 Kiwanis Rd, Taberg, NY 13471 Tel: (315) 336-4568
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 Send missing pieces to: kampkiwanisapplications@gmail.com



Office Use Only:	
Date received:	_____
Fee received:	_____
Family billed:	_____
CD Approval:	_____
\$ Approved:	_____
Club:	_____
Registered:	_____

MUST BE SUBMITTED NO LATER THAN TWO WEEKS PRIOR TO THE REQUESTED SESSION

Please attach this form to your application form and include a non-refundable \$25 application fee. The \$25 fee is per family and not per child applying. Fee must be sent in the form of a Money Order or Cashier Check. No personal checks will be accepted. **Applications can not be considered unless the application fee is included with the application.** Kamp Staff will contact you once your application has been successful.

The information you provide on this form will be kept strictly confidential. However, names of recipients may be publicized to defray the cost of kampsership. Only one application is required for each family, but it must be attached to each Kamp application. Kampserships may NOT provide the entire kamp fees.

FAMILY AND CHILD INFORMATION

Kamper Name 1: _____ Age: _____ Week: _____ Gender: M / F
 Kamper Name 2: _____ Age: _____ Week: _____ Gender: M / F
 Kamper Name 3: _____ Age: _____ Week: _____ Gender: M / F
 Parent/Guardian Name(s): _____ Phone: _____
 Address: _____ City/Town: _____ Zip: _____

FAMILY FINANCIAL INFORMATION

How many family members are in your household including parents and guardians: _____
 What is your family's combined Net (take home) annual income: _____
 AFDC/Welfare/Food Stamps/Foster Care Number: YES/NO _____
 Are you a Military Family? YES/NO Active: YES/NO Stationed: _____ Branch of Military? _____
 Are there any recent financial events we should be aware of? YES / NO If so, Please explain and you may continue on back:

 Why are you applying for aid?(please explain thoroughly, you may continue on the back of this page or attach additional pages): _____

KAMPERSHIP ASSISTANCE

A) No. of children you are requesting to come to Kamp: _____ x \$465.00 = (A)\$ _____
 B) No. of children riding the bus: _____ x \$150.00 = (B)\$ _____
 C) Please calculate the Total Cost for your family. (A+B=C)\$ _____
 D) Are you able to provide a partial payment towards the cost of your family attending Kamp? (This does not include the \$25 application fee) YES/NO Please send this amount. (D)\$ _____
 E) Total amount requested. Total Cost (C), minus your contribution (D) equals (E) (C-D=E)\$ _____

As the parent or guardian of the above named individual(s), I certify that he/she needs the financial aid requested.

Parent Guardian Signature: _____ Date: _____

Why you are applying continued: