



# Kamp Kiwanis®

## Financial Aid Application 2010

9020 Kiwanis Rd, Taberg, NY 13471 Tel: (315) 336-4568  
 www.kampkiwanis.net kampkiwanis@hotmail.com

Office Use Only:	
Date received:	_____
Directors	_____
Approval:	_____
Amount	_____
Approved:	_____
Club:	_____

**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 \$20 application fee. The \$20 fee is per family and not per child applying. **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 a copy must be attached to each Kamp application. Kampserships may provide the entire kamp fees.

**FAMILY AND CHILD INFORMATION**

Kamper Name 1: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Kamper Name 2: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Kamper Name 3: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Kamper Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**KAMPERSHIP ASSISTANCE**

A) No. of children you are requesting to come to Kamp: \_\_\_ x \$425.00 = \$ \_\_\_\_\_

B) No. of children riding the bus: \_\_\_ x \$100.00 = \$ \_\_\_\_\_

C) Money family can provide or has obtained from other sources: \$ \_\_\_\_\_  
 (This does not include the \$20 application fee)

**Total Assistance I am requesting for my family ( A + B -C): \$ \_\_\_\_\_**

Did your family attempt to find other sources of assistance for kampserships? YES / NO  
 If so, who? \_\_\_\_\_

**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: \_\_\_\_\_

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

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: