

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	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
<u>TOTAL ANNUAL INCOME:</u>				_____ \$

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

	2023	Estimated 2024
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 2023 and estimated 2024 totals **Totals.....** \$ _____ \$ _____

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

Do you have a 2nd 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 \$ _____

	2024	Estimated 2025
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 2024.....	\$ _____	
Costs of camps and lessons in 2024.....	\$ _____	
Costs of vacations in 2024.....	\$ _____	

