



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

2012 Overnight Camp Financial Assistance Application

It is our hope that families and individuals will never be denied participation in camping due to financial hardships. There is a limit, however, to the total scholarship funds available. We understand that asking for a tuition adjustment may be difficult. We have tried to make the process as easy, confidential, and fair as possible.

The Financial Assistance process is a rolling admission and funds will be awarded on a first-come first-serve basis until all available funds are distributed. As soon as your fully completed information arrives to the Camp office it will be presented to the Financial Assistance Committee.

Please note the maximum scholarship available from Camp Laurelwood is 50% of tuition with **no exceptions**. We will happily assist you in finding other sources of scholarship, such as your local Jewish Federation, Rabbi's Discretionary Fund, etc.

The following is required before we allow your application to go to Committee:

- 1) Copy of last year's income tax return**
- 2) W-2 Forms**
- 3) Last pay stub**
- 4) A completed application**
- 5) Camp Laurelwood 2012 summer camp application**

Return Application to:



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

Camper's Full Name: _____ Boy Girl

DOB: ___/___/___ Entering Grade 9/1/2012: _____ Tel: () _____ - _____

Mailing Address: _____

Parent's/Guardian Full Name: _____

Occupation: _____ Work: () _____ - _____

Email: _____ Cell: () _____ - _____

Address (if different from Camper): _____

Parent's/Guardian Full Name: _____

Occupation: _____ Work: () _____ - _____

Email: _____ Cell: () _____ - _____

Address (if different from Camper): _____

Return Application to:



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

Financial Details: Income & Assets

Check One:

Own Home

Rent Home

Gross Income Reported 2010/2011

\$ _____

Alimony & Child Support

\$ _____

Social Security/Pension

\$ _____

Interest, Dividends, Rent, Annuities, Insurance

\$ _____

Relatives/Other

\$ _____

Public Assistance

\$ _____

Make/Year of each Auto Owned

Savings

\$ _____

Investments

\$ _____

Total Estimated Assets

\$ _____

Return Application to:



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

Financial Details: Monthly Expenses

Monthly Mortgage or Rent \$ _____

Tuition at _____ \$ _____

Synagogue Dues at _____ \$ _____

Monthly Electric \$ _____

Monthly Telephone \$ _____

Monthly Heating \$ _____

Monthly Gas \$ _____

Monthly Car Payment \$ _____

Monthly Medical Bills \$ _____

Other Itemized Monthly Expenses \$ _____

\$ _____

Total Estimated Monthly Expenses \$ _____

Return Application to:



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

Agreement of Terms

By signing this form, I agree that all information contained herein is current and true. Financial Assistance will be denied if information is falsified or incorrect.

Financial Assistance is awarded on a first come first serve basis and my application will not be considered unless submitted in full with all necessary documentation.

I understand that the maximum Financial Assistance is 50% of tuition with no exceptions. Camp Laurelwood will advise me how to seek out further funding from outside entities, but doing so is no guarantee that aid from these entities will be given.

Once Financial Assistance is determined, I will have the option to create a payment plan and any outstanding balance must be paid by May 1st, 2012. Failure to pay the agreed upon tuition balance in full by this date will mean my child cannot come to Camp and the Financial Assistance amount will be given to another family in need of funding.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Return Application to: