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| Camp Allegheny Official Logo (2014_05_20 12_00_14 UTC) |  | Lorie TawneyFinance Director100 Camp Allegheny DriveStoystown, PA 15563-9245  | Phone: (814) 754-5122 Toll Free: (888) 251-0771E-mail: Lorie@CampAllegheny.org |

CAMP ALLEGHENY FINANCIAL AID REQUEST FORM

PLEASE MAIL TO THE ADDRESS ABOVE

Financial Assistance—Camp Allegheny staff and board of directors are absolutely committed that every child should have the opportunity to come to camp. Cost should not prohibit them from coming.  We have financial assistance that we can provide for those in need.  Our goal is to partner with parents and churches to ensure that EVERY child can come to camp. Since every situation is different, we do not have a minimum or maximum amount we will provide.  Assistance will be determined by individual circumstances.  Our office will deduct Financial Aid from the event’s balance, prior to a final payment.

Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

Day Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name and # and start dare that you are registering for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of your last year’s 1040, 1040A or 1040EZ tax return. This form assists us in providing the utmost in assistance.**

**Is the camper participating in the National free/reduced lunch program at school?** Yes No

**If yes, please attach a Signed copy of your school eligibility letter on school letterhead. You can obtain a copy from your child’s school. If you provide a copy of the letter with this application we will add $ 25.00 to your assistance.** Name of School District School attending

**Have you contacted your local church, or any other organization for assistance?**

If yes, name of church or organization Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you are applying for financial aid. Please be as specific as you can for the reason you are applying for assistance as we will use all the information provided to determine the amount of aid that can be applied. (Example: job loss, medical bills, multiple children attending camp, etc…)

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please remember to send this financial aid form to Camp Allegheny. Your camper will first need to be registered for a week of camp in order for aid to be applied. We will review your request for financial assistance, and notify you stating how much we will apply to the event registered for. The balance will be up to you to pay prior to your week of camp**.**