



2010 Financial Aid Application



Before you apply for Financial Aid from Camp Adam Fisher, you should attempt to raise money for your child to attend camp!

The Camp Adam Fisher Family suggests having a fundraiser(s) and/or seeking financial assistance from Family, Friends, Local Churches, Civic Organizations, your Employer, and/or any local businesses with ties to the Diabetic Community. Details regarding your fundraising attempts will be required before any financial aid will be considered. **By completing and signing the 2010 Application for Financial Aid, you acknowledge that all of the information listed is accurate and that all attempts to raise and/or solicit funds were made before applying for Camp Adam Fisher Financial Assistance.**

This application must be completed and returned along with THE CAMPER APPLICATION no later than APRIL 23rd, 2010!

A \$100 NON-REFUNDABLE DEPOSIT MUST ACCOMPANY ALL APPLICATIONS EVEN IF FINANCIAL AID IS REQUESTED.

Financial aid is available for the remaining \$495.00 based on the criteria established by the SC Department of Health and Environmental Control, Children's Rehabilitation Clinic (CRS).

Dear Parent(s)/Guardian(s):

In order to consider your child for financial aid for Camp Adam Fisher, the Camp Family would like you to complete the following form. Financial aid cannot be awarded without this form on file. The information will be strictly confidential.

This form must be completed and submitted by April 23rd, 2010, or financial aid MAY NOT BE AVAILABLE. You will be notified by phone or email of the amount awarded. Please list all circumstances that may be affecting your need for financial aid. If you need more space, please attach a separate sheet of paper.

-----PLEASE PRINT OR TYPE-----

Is your child on insulin? ___Yes ___No Campers Age the week of Camp _____

Camper Name: _____

Address: _____

City/State/Zip: _____

Father's Name: _____

Place of Employment: _____

Home/Cell Phone: _____ Work Phone: _____

Monthly Net Income (Father): \$ _____

Mother's Name: _____

Place of Employment: _____

Home/Cell Phone: _____ Work Phone: _____

Monthly Net Income (Mother): \$ _____

Primary Email: _____ Mom/Dad/Both (circle one)

Names of Other Children and Ages:

Total number of People living in Household: _____

If separated, do you receive support payments for your child or children? ___Yes ___No

If so, how much? Weekly \$ _____ Monthly \$ _____

If remarried, how much does your present spouse contribute to the household expenses?

Please list below any other Sources of Income:

AFDC	\$ _____	Alimony/Child Support	\$ _____
Food Stamps	\$ _____	Insurance Dividends	\$ _____
Pension	\$ _____	Social Security	\$ _____
Welfare	\$ _____	Veterans Benefits	\$ _____
Disability	\$ _____	Other, Specify	\$ _____

Monthly Expenditures:

Housing Payment	\$ _____	Insurance	\$ _____
Utilities Cost	\$ _____	Medical Expense	\$ _____
Food Costs	\$ _____	Auto Expense	\$ _____

Is your child in the **CRS PROGRAM**? _____

Does your child receive **MEDICAID**? _____

Other Monthly expenses:

Primary reason(s) for requesting financial aid for 2010:

Camp Financial Aid Request

Has your child attend camp previously? ___ Yes ___ No How many years? _____

If your child attended camp previously, did you request financial aid any of the previous years? ___ Yes ___ No

If yes, how much was requested? _____

Were any of the requested amounts different from the amount for 2010? _____

Please explain why your financial need has increased, decreased, or remained the same since the previous application for financial aid. _____

Please explain all fundraising attempts and/or explain from whom you requested financial assistant(names, phone numbers, amounts, etc) to send your child to camp:

The Camp Adam Fisher Family does not want any child to miss camp because of financial need; therefore, several options are available. Please indicate below the amount of assistance you are requesting. Please note that this year's fee is **\$595** per camper. **ALL LINES WITH \$ MUST BE COMPLETED.**

Amount Mailed with Application	\$ _____
<i>*The \$100.00 deposit is required</i>	+
Amount to be Paid Before Camp	\$ _____
	+
Amount of Financial Assistance Requested	\$ _____
<hr/>	
	= TOTAL: \$ <u>595.00</u> per camper

Signature of Parent/Guardian

Date

**FINANCIAL AID WILL NOT BE CONSIDERED AFTER THE DEADLINE of
APRIL 23rd, 2010.**

If needed, contact Dan Thrailkill, Financial Aid Director for Camp Adam Fisher, with any questions/concerns at dan.thrailkill@gmail.com or 803-269-8818 cell.

**RETURN THIS FORM ALONG WITH THE CAMPER APPLICATION TO:
(YOU MAY MAIL BOTH FORMS IN THE SAME ENVELOPE)**

*Camp Adam Fisher
Attn: Dan Thrailkill
PO Box 5226
Columbia, SC 29250*