

# **CAMP FOUNDATIONS, SUMMER 2024**

## **Financial Aid Information & Application**

Camp Foundations' financial assistance funding is limited. We have a select number of donors who are graciously willing to pay a portion of a camper's cost, who cannot afford the full tuition. Every family is required to pay what they can contribute. We have a financial assistance board who meets and tries to best match our donors with a family or camper who has applied for financial assistance. The amount of scholarships available depends on the number of donors we have for that year. All applications are completely confidential. Although not mandatory, it is highly recommended that you have a local doctor, teacher, pastor, or other community member write a short character reference on behalf of your child or family. These letters, as well as an attached photo of the child, can increase the chance of your application being chosen over one without. We cannot guarantee that we will find a donor for your child, but we can guarantee that we will do our very best. If you know of somebody who may be willing to give a tax-deductible donation towards your child(ren)'s camp experience, have them contact us as a donor.

Applications can be submitted at any time. We will begin to review and process applications on May 20<sup>th</sup>, 2024. After May 20<sup>th</sup>, applications can still be submitted and will be reviewed and processed on a rolling basis throughout the summer if funding and day camp space are available. Youth must be registered online prior to submitting an application.

### **Mail Financial Aid Applications, one per child, and a photo (optional) to:**

Camp Foundations  
7877 State Route 104  
Oswego, NY 13126  
Attn: Financial Aid  
Or scan and email to [contact@campfoundations.com](mailto:contact@campfoundations.com)

**May 20<sup>th</sup> 2024:** Applications received to this date will be reviewed and processed, award notification letters sent to all applicants by June 12<sup>th</sup>.

## **Other important Financial Aid Information**

- ❖ Financial Aid Awards are based on a number of factors.
- ❖ Financial Aid applications must be filled out **completely**. We will not follow-up with applicants to complete information. An incomplete application may hamper our ability to make an award.
- ❖ Financial Aid Applicants need to register before submitting a financial aid application. Register online at [www.campfoundations.com](http://www.campfoundations.com). Contact Camp Foundations if you cannot meet this requirement.
- ❖ Applications are date stamped when received in the Camp Foundations' office. Applicants may request email confirmation that an application has been received.
- ❖ Award notification letters will be sent via post starting June 6<sup>th</sup>. Award letters will specify the dollar award amount and which week camp session it can be applied toward.
- ❖ Due to limited Financial Aid funds for this program, we are not able to offer scholarship for extension programs or extended AM or PM care.
- ❖ Financial Aid awards are not transferable to another person or session/unit.
- ❖ Questions? Email [dannyoostdyk@hotmail.com](mailto:dannyoostdyk@hotmail.com) or call (315) 216-4021.

# CAMP FOUNDATIONS' SUMMER 2024 Financial Aid Application

You must register for your Summer Day Camp Session before applying for financial aid.

Go to [www.campfoundations.com](http://www.campfoundations.com) to register. Contact Camp Foundations if you cannot meet this requirement.

Youth's Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

☐ Male ☐ Female Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ **Grade, Fall 2017:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ School: \_\_\_\_\_

<b>(Required)</b> Parent/Guardian (Specify)	Day Phone	Evening Phone	Relationship
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**(Required) Parent/Guardian Email** \_\_\_\_\_

**Annual Family Income** (estimated **gross**, all sources, one year) \$ \_\_\_\_\_ **(Required)**

**Number of children under 18 living in the home:** \_\_\_\_\_ **Ages/Genders** \_\_\_\_\_

**Number of parents living at home** \_\_\_\_\_

☐ I am able to contribute **part** of the \$15 registration fee & the \$160 weekly Day Camp Fee and would like to apply for financial assistance to cover the remaining cost. I am able to contribute:

\$ \_\_\_\_\_ **(Required)**

YES NO

☐ ☐ Has this child received Financial Aid for Camp Foundations before? Number of times \_\_\_\_\_

☐ ☐ Has your child attended Camp Foundations before? Number of years \_\_\_\_\_

☐ ☐ Is your child attending camp with a friend? Friend Name: \_\_\_\_\_

Which weeks did you register for: \_\_\_\_\_

## Complete the reverse side

**FOR OFFICE USE ONLY** Donor: \_\_\_\_\_

Aid Award per camper: \$ \_\_\_\_\_ Number of campers in family: \_\_\_\_\_

Registered Weeks: \_\_\_\_\_ Session Wait List \_\_\_\_\_

**Parent or Guardian: These questions are mandatory.** (Please feel free to attach extra pages if necessary).

1. Please describe why this youth wants to attend Camp Foundations. Tell us your youth's favorite activities and how you believe Day Camp would enrich their life. (Drawings or writing from youth are encouraged.)

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2. In order for us to better understand your situation; please give a brief description of your financial need (unemployment, underemployment, excessive medical costs, etc.) and any emotional, physical and/or environmental information pertinent to this application.

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**Additional Requirements:**

➤ If this youth is awarded a scholarship, we may ask for further information from your youth or your family to meet the requirements of certain financial aid funders. Thank you.

I certify that the information contained in this application is true and correct and agree to any follow-up request for additional information or help in meeting any funder requirements for information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_