CAMP FOUDATIONS, 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 20th, 2024. After May 20th, 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 dannyoostdyk@hotmail.com

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

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. 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 6th. 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 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 to register. Contact Camp Foundations if you cannot meet this requirement.

Youth's Last Name:	First Name(s):	Middle I	nitial:
Male Female Bir	th Date: Ag	e: Grade, Fal	2017:
Address:	City:	Zip Co	de:
County:	_ School:		
(Required) Parent/Guardian (Sp	ecify) Day Phone	Evening Phone	Relationship
(Required) Parent/Guardian Er			
	nail		
(Required) Parent/Guardian Er Annual Family Income (estimat Number of children under 18 li	nail ed gross, all sources, one ye	ear) \$	(Required)
Annual Family Income (estimat	nail ed gross, all sources, one ye ving in the home: A	ear) \$	(Required)
Annual Family Income (estimat Number of children under 18 li	nail ed gross, all sources, one ye ving in the home: A	ear) \$	(Required)
Annual Family Income (estimat Number of children under 18 li Number of parents living at ho	nail ed gross, all sources, one ye ving in the home: A me	ear) \$ ges/Genders	(Required)
Annual Family Income (estimat Number of children under 18 li	nail ed gross, all sources, one ye ving in the home: A me of the \$15 registration fee & t	ear) \$ ges/Genders ne \$160 weekly Day Ca	(Required)

YES NO

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	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	d attending camp with a f	friend? Friend Name	
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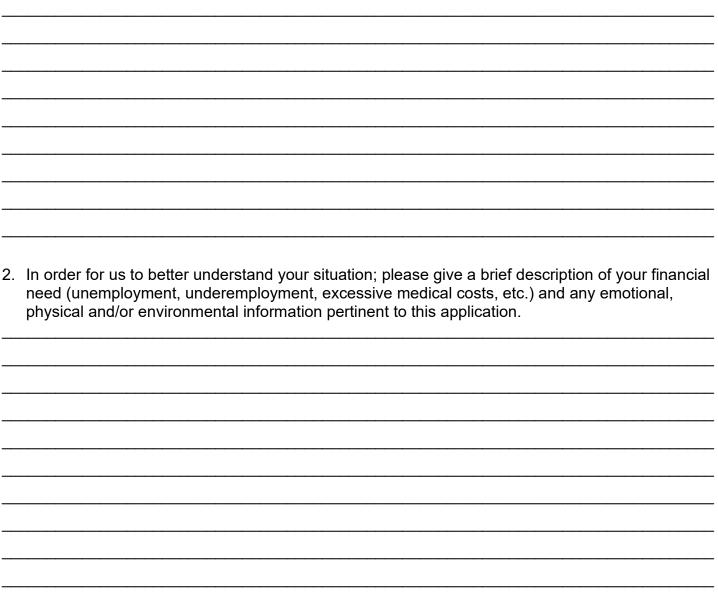
Which weeks did you register for: _____

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.)



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: _____