2020 Financial Aid Request Form

Financial aid will be awarded based on need and available funds. Submitting this application does NOT guarantee an awarding of aid. First consideration will be given to applications received by April 17, 2020. No determinations will be made prior to April 20th. You will be notified via email of any determination. A minimum co-pay of $150 per week will be required for Overnight Camp and $100 per week for Day Camp regardless of any aid awarded, and payments can be made on a payment plan. Please make sure the camper is registered via the electronic database Ultra Camp BEFORE this form is submitted. Each camper is only eligible to receive assistance for one week of camp.

If you have questions please contact Matthew Burbano, Camp Director, at Matthew.Burbano@varietyphila.org 610-584.4366 ext. 220

Date of Application: ________________________

Parent/Guardian Name: ________________________
Phone Number: ________________________

Address: ___________________________________
Email: ________________________________

Part 1: Please list all children that are requesting financial aid, what program(s) and week(s) they are planning to attend.

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Program (i.e. Day, Overnight)</th>
<th>Weeks attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Total Cost: ________________________
Financial Aid Amount Requested: ______________

Part 2: Household Size
Please list the name of everyone that lives in your household:

1. ___________________________________
2. ___________________________________
3. ___________________________________
4. ___________________________________

Total Household Income per year:

5. ___________________________________
6. ___________________________________
7. ___________________________________
8. ___________________________________

$__________________ per year

Please use this space to provide additional information not covered elsewhere in this application or to provide additional information as to why you are seeking financial aid (continued on other side): ________________
**** TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, A W2 MUST BE ATTACHED TO VERIFY INCOME****

Please return this form, along with a copy of your W2, to Variety Club Camp:
2950 Potshop Road
P.O. Box 609
Worcester, PA 19490
Matthew.Burbano@varietyphila.org
Fax: (610) 584-5586

DO NOT COMPLETE. FOR VARIETY OFFICE USE ONLY.

Date Application Received: ____________  Amount Awarded: ____________  Funding Source: ______________________

Date Approved: ____________  Date Family Notified: ____________

Signature of Authorized Camp Staff