

PARADISE FARM CAMPS

1300 VALLEY CREEK ROAD, DOWNINGTOWN, PA 19335

PHONE 610-269-91111

FINANCIAL AID FORM

Limited Financial Aid is available to attend our Summer Camp Programs. Children's Country Week Association (CCWA) reserves the right to make all decisions regarding applications submitted for Financial Aid. Financial Aid may be awarded to families earning less than \$85,000.00 a year. Financial Aid is awarded in full or partial session sponsorships. If a family is awarded a partial sponsorship, families and/or guardians will be responsible for paying fees according to the arrangements created by the Organization. After we receive your information, we will contact you to inform you of our decision. Please follow the steps below to complete this form.

STEP #1: PERSONAL LETTER

Each application must include a short letter briefly explaining your personal situation and the circumstances.

Your letter should also include:

- The names and ages of your child(ren) wishing to attend camp
- An explanation of your financial situation, including amount you can contribute
- Why you believe attending Paradise Farm Camps will benefit your child(ren)

STEP #2: CALCULATING TOTAL FAMILY INCOME

Record the number of Household Occupants in the green box below. Household Occupants consist of the number of immediate family members residing in your home. Determine your Total Family Yearly Income using the following formula:

$[(\text{GROSS MONTHLY WAGES}) + (\text{WELFARE/CHILD SUPPORT/ALIMONY, ETC.}) + (\text{PENSIONS/SOCIAL SECURITY}) + (\text{ALL OTHER INCOME})] \times 12 = \text{TOTAL FAMILY YEARLY INCOME}$

HOUSEHOLD OCCUPANTS	GROSS MONTHLY WAGES	WELFARE / ALIMONY CHILD SUPPORT, ETC.	PENSIONS / SOCIAL SECURITY	ALL OTHER INCOME	TOTAL MONTHLY INCOME
		+	+	+	= \$
					x 12
				TOTAL YEARLY INCOME	= \$

STEP #3: VERIFICATION OF INCOME

You must attach copies of the following documents to verify Total Yearly Income:

- Most Recent Pay Stubs of both Parents and/or Guardians
- Current IRS 1040 Income Tax Return

STEP #4: SIGNATURE AND AUTHORIZATION

I hereby affirm that the above information is true and correct to the best of my knowledge. In the event that CCWA awards Financial Aid to my child, I agree to pay any and all Camp fees and provide a completed Camper Health History Form.

SIGNATURE

DATE:

PRINT NAME:

RELATIONSHIP TO CAMPER:

Each application is processed with a case-by-case evaluation. Sponsorship opportunities are limited, and will be awarded to families based on both level of need and availability. If you have any questions in regards to this form or about the process in general, please contact Leah at 610-269-9111 x 203.

