



Camp Choconut

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Financial Aid Application

*The **completed Enrollment Application** should be mailed with the camper application whenever possible. If the financial aid application is mailed separately, it should be received by Camp Choconut by April 15, 2010 at the latest. The information you supply will be kept confidential; only people directly concerned with granting financial aid will see it. It is very important that you supply all the information requested. Given the number of applications and the limits of the Financial Aid we can offer, the Awards Committee can most favorably consider an application that is clear and complete. If information is missing, this may result in the application being delayed or turned down. We encourage you to use the back of these sheets or a separate sheet of paper if needed.*

Please complete one (separate) application per child.

Camper's Name _____

Date of Birth _____ Age on June 1st, 2010 _____ Grade in September 2010 _____

Length of Session: 3 weeks 6 weeks Camper attended Camp Choconut last year: yes no

Applied for financial aid last year: yes no Received financial aid last year yes no

If yes, amount received: \$ _____

Camper lives with:

Name _____ Relationship _____

Name _____ Relationship _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Phone 2 (_____) _____

Email _____

Occupation: _____ Position: _____

Employer: _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____

If you are unemployed, please give most recent position, employer, city, telephone, and dates of employment:

Partner Name: _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Email _____

Occupation: _____ Position: _____

Employer: _____

Address _____

City _____ State _____ Zip _____

Phone 1 (_____) _____ Email _____

If partner is unemployed, please give most recent position, employer, city, telephone, and dates of employment:

Your *yearly* income from work *before* deductions for taxes and social security: \$ _____

Partner's *yearly* income from work *before* deductions for taxes and social security: \$ _____

Your *yearly* income from any other sources *before* deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc.: \$ _____

Partner's *yearly* income from any other sources *before* deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc.: \$ _____

Your *yearly* subsidy income, such as free housing, food stamps, etc.: \$ _____

Please explain: _____

Partner's *yearly* subsidy income, such as free housing, food stamps, etc.: \$ _____

Please explain: _____

Are any dependents only yours? _____ Only your partner's? _____

Please explain: _____

Family Medical expenses other than routine care (include orthodontics): _____

Other special expenses (you may use the back of this sheet or a separate sheet). If either of you is a student, please name the school, the program, the number of credit hours, the goal of the studying, and the expenses to you:

Please supply as much additional information as possible to provide a complete picture of your family's financial situation, including other adults who contribute to the financial well being of the applicant:

	<u>3 Weeks</u>	<u>6 Weeks</u>
If I really stretch, I can pay:	\$ _____	\$ _____
Therefore, my request is:	\$ _____	\$ _____
To make up the tuition total of:	\$ 2500	\$ 4000

I have sent in the camper application for my child.

Your Signature: _____ Date: _____

Your Name (Printed): _____

Printed name of child: _____

We expect to notify you of the Awards Committee's decision by May 1st. If you decide you need to cancel, all tuition paid up to that time is refundable.

On the preceding pages we have asked about your family's financial status. On the next page, we would like you to provide us with any other information in regard to why you feel that attending Camp Choconut would be beneficial to your child:

This page intentionally left blank to add your narrative.