

Financial Assistance Application

2017 Teton County Summer Camps & Programs

I am applying for financial assistance to attend (check all that apply): Camp Jackson; J.O.Y Camp; Teton Science Schools; Base Camp; JH Children's Museum Camps; JH Art Association; Other: _____

Your Full Name: _____

Employer: _____

Your Spouse/Partner's Full Name: _____

Employer: _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Home / Cell Phone: _____ Work Phone: _____ Partner's Phone: _____

Email(s): _____

Other Personal Data

<input type="checkbox"/> Single	<input type="checkbox"/> Veteran	Health Insurance: <input type="checkbox"/> Self	<input type="checkbox"/> Partner	<input type="checkbox"/> Child/Children
<input type="checkbox"/> Divorced	<input type="checkbox"/> Student	None	_____	_____
<input type="checkbox"/> Separated	<input type="checkbox"/> Disabled	Employer/Group	_____	_____
<input type="checkbox"/> Married	<input type="checkbox"/> Pregnant	Self Pay	_____	_____
<input type="checkbox"/> Living with partner	<input type="checkbox"/> Retired	Medicaid/Medicare	_____	_____
		Other	_____	

Household information

Own Lender: _____

Rent Landlord: _____

Other _____ Head of household: _____

Annual Household Income (before taxes)

Estimated annual family income (please check one): Under \$30,000 \$30,000 to \$49,000

\$50,000 to \$75,000 Over \$75,000

Number of adults in household: _____ Number of children (under 18) in household: _____

Please list below the information for all people living in this household:

Name	Date of birth	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reported Income including: Child Support, Alimony, Social Security, Unemployment, Disability, Food Stamps, Business Income, Dividend/Interest Income, Capital Gains, Rental Income, Gifts, Trust/Inheritance, etc.

Employment: FT, PT, Seasonal	# Hours per week	Annual Income	Other annual income
You _____	_____	\$ _____	\$ _____
Spouse/Partner _____	_____	\$ _____	\$ _____
Other adult(s) _____	_____	\$ _____	\$ _____

Monthly Expenses

Mortgage/Rent \$ _____	Medical/Dental \$ _____	Food/Groceries \$ _____
Utilities \$ _____	Phone / Cell \$ _____	Internet \$ _____
Cable/Satellite \$ _____	Car Payments \$ _____	Transport/Gas \$ _____
Car Insurance \$ _____	Childcare \$ _____	Credit Cards \$ _____
(Other) _____ \$ _____	_____ \$ _____	_____ \$ _____

Total approximate monthly expenses \$ _____

Please explain any extenuating circumstances you would like the Financial Assistance Committee to consider: (attach additional page if needed)_____

Information of Child/Children Applying for Scholarship

Child Name _____

Date of birth: _____ School grade (fall 2017) _____

Camp: _____ # of days: _____ Cost:\$ _____

Camp: _____ # of days: _____ Cost: \$ _____

* * * * *

Child Name _____

Date of birth: _____ School grade (fall 2017) _____

Camp: _____ # of days: _____ Cost:\$ _____

Camp: _____ # of days: _____ Cost: \$ _____

* * * * *

Child Name _____

Date of birth: _____ School grade (fall 2017) _____

Camp: _____ # of days: _____ Cost:\$ _____

Camp: _____ # of days: _____ Cost: \$ _____

* * * * *

Child Name _____

Date of birth: _____ School grade (fall 2017) _____

Camp: _____ # of days: _____ Cost:\$ _____

Camp: _____ # of days: _____ Cost: \$ _____

* * * * *

Amount you can pay per camp, per child: \$ _____

___ I have applied /or will apply for financial assistance for other Teton County summer programs not on this application. They are: _____

___ I have not applied / or will not apply for financial assistance for other Teton County summer programs.

* * * * *

We have checked this form for omissions and errors. To the best of our knowledge the information reported about our household is complete and accurate. I give permission for the Financial Assistance Committee to verify the information.

Signature of Parent/Guardian

Signature of Parent/Guardian 2

Date

Decision Making Process:

- If the financial assistance request is less than 1/3 of the cost of program/camp and under \$300, this application will suffice.
- For financial assistance requests for 1/3 or more of the cost of the program/camp and over \$300, we will invite you to an in-person interview. You may be required to submit, for all adults in the household, copies of proof of income, pay-stubs for the past 30 days, last 2 bank statements showing transactions, credit card bills showing transactions.
- Upon receipt of all of the information needed (financial assistance application, interview when applicable), financial assistance decisions will be made within 2 weeks.
- The Financial Assistance Committee will request that families pay for any camp application processing fees as well as 1/3 of the camp cost unless deemed otherwise by the Financial Assistance Committee. The parents will pay at least \$100.00 towards their child's camp.
- Scholarships may be requested for up to **3 weeks of assistance** per child.
- Financial assistance applications accepted on a rolling basis.
- The purpose of the summer scholarship program is to provide assistance to parents enrolling their child in full time day camps.

Please submit this application to:

One22/Community Resource Center, Financial Assistance Committee

170 N Glenwood. Jackson, WY. 83001.

Phone: (307) 739 - 4500 Fax: (307) 739 - 4505.

Email: info@one22jh.org

Web: <http://one22jh.org>

The Financial Assistance Committee is made up of representatives from: One22, Camp Jackson, J.O.Y. Summer Camp, Teton Science Schools, Base Camp, JH Children's Museum, JH Art Association and Teton County Library.