



Financial Assistance Application 2018

Teton County Unified Summer Scholarship Program

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"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Living with partner	<input type="checkbox"/> Veteran <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Pregnant <input type="checkbox"/> Retired	Health Insurance: Self Partner Child/Children None _____ Employer/Group _____ Self Pay _____ Medicaid/Medicare _____ Other _____
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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 \$ _____	House hold items (e.g. furnitue, washing machine, etc....) \$ _____	
Car Payments \$ _____	Transport/Gas \$ _____	Car Insurance \$ _____
Car maintenance \$ _____	Childcare \$ _____	Credit Cards \$ _____
Clothing \$ _____	For family outside of USA \$ _____	(Other) _____ \$ _____
Total approximate monthly expenses \$ _____		

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

Please circle all dates that the child (ren) is/are interested in/available for camp:

Child Name _____

Date of birth: _____ School grade (fall 2018) _____

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

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

JUNE 2018

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY 2018

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST 2018

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Child Name _____

Date of birth: _____ School grade (fall 2018) _____

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

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

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___ I have applied /or will apply for financial assistance for other Teton County summer programs not on this application, including Teton Science School Latino scholarship. 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:

- For financial assistance requests we will invite you to an in-person interview. You are 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, 1040 Tax and/or 2017 W-2 forms.
- 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.
- Scholarships may be requested for up to **4 weeks of assistance** per child however funds are limited; therefore it would be best to apply early.
- 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/Resource Assistance, 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