



Parent/Guardian,

Thank you for your interest in our camping programs here at Easterseals Tennessee! We are happy to review your application materials for financial assistance to support sending your camper to camp.

To qualify for financial assistance, you must meet the following guidelines:

- Financial assistance is awarded for a camper to attend **ONE** camp session per season. More than one camper in the household may be awarded financial assistance.
- New financial assistance applications **MUST** be submitted annually.
- A deposit of \$50(youth camper) \$100(adult camper) **MUST** be submitted with scholarship and camp registration form in order for the application to be considered.
- Please submit the following materials to be reviewed for financial assistance
  - Pay Stubs (2 recent)
  - Proof of Income (most recent income Tax Form 1040 ALL Pages or Schedule C (if self-employed))
- Extenuating circumstances may be taken into consideration, but must be documented on the application.

Completed financial assistance applications will be reviewed in the order they were received, please allow 1-2 weeks for processing. **Financial assistance will be given until the available funds are exhausted.** Incomplete applications will be returned to you with a list of your missing items.

If you have any questions, or need help in completing the forms, please contact Amy Look, (615)-292-6640 x 2. We are excited to get to know your camper and welcome them to a summer of fun, friendships, and magical memories.



## 2021 FINANCIAL ASSISTANCE FORM

<b>Camper's Name</b>		<b>DOB</b>	
<b>Camp Session</b>			
<b>Responsible Party Billing Address</b>			
<b>Home Phone Number</b>		<b>Daytime Phone Number</b>	
<b>Relation to Camper</b>	<b>Employed</b>	<b>Employer</b>	
<b>Husband/Father/Guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employer</b> _____	
<b>Wife/Mother/Guardian</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employer</b> _____	
<b>Number of Dependents</b>	_____	<b>Other family members attending Easter Seals</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please list the names of other camper's attending Easter Seals and indicate which session attending</b>			
<b>Camper Name</b>		<b>Session</b>	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
<b>Financial Resources</b>			
<b>Do you own or rent your home?</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<b>If renter, Yearly Rent Amount</b>	\$ _____
<b>If homeowner, present market value of Home</b>	\$ _____	<b>Yearly Mortgage Payment Amount</b>	\$ _____
<b>Yearly Real Estate Taxes (if not included in the mortgage payments)</b>	\$ _____	<b>Yearly insurance home (if not included in the mortgage payments)</b>	\$ _____
<b>Make of Cars and Year</b>		1. _____	

Monthly Obligations			
Bill	Monthly Amount	Bill	Monthly Amount
Mortgage Payments	\$ _____	Clothing	\$ _____
Rent	\$ _____	Car Payments	\$ _____
Life Insurance Premium	\$ _____	Medical Insurance	\$ _____
Uninsured Medical Expense	\$ _____	Utilities	\$ _____
Food	\$ _____	Loans	\$ _____
Other School Tuitions	\$ _____	Other	\$ _____
Nature of value of property owned other home:		1. _____	
		2. _____	

**In order to be considered for financial assistance, the following documentation will be necessary for EACH FAMILY MEMBER contributing to your household income.**

REQUIRED to process all applications

1. Pay stubs (2 current)
2. Most recent income Tax Form (1040) All PAGES
3. Schedule C (if self-employed)

**Please note your application WILL NOT be processed unless all the above information is attached.**

Please feel free to attach a letter explaining your need for financial assistance. It is important that you include your telephone, name of Camper, and the service for which you are requesting assistance. Financial assistance will only be awarded for camp session.

I acknowledge that the above financial information I have submitted is accurate. I understand that fees for respite/camp are based on the information I have provided. I agree to pay this amount. The terms of this agreement will continue one year and I understand that **I MUST** reapply for continued special agreements.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date