

TIMBER-LEE CHRISTIAN CENTER
INSTRUCTIONS FOR APPLYING FOR FINANCIAL AID

We desire to make the Timber-lee camp experience available to as many youth as possible. As the result of the generous support of Timber-lee friends, we are able to provide funds to families to help defray the cost of camp. Please follow the instructions below to complete the financial aid application.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** Use a separate application for each foster child. List the child's name, birthdate, grade, camp number, and date of camp week requested.
- Part 2:** Check the box and list the child's personal use monthly income, if any.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.

ALL OTHER HOUSEHOLDS follow these instructions:

- Part 1:** List each child's name, birthdate, grade, and camp week requested for only those children you desire to attend camp.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column 1: Name:** List the first name and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if necessary.
 - Column 2: Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or check with your employer. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person received last month from welfare, child support, alimony, pensions (in second column), pensions, retirement Social Security (in third column), and ALL OTHER INCOME SOURCES (in fourth column). In the 'All Other' column, please also include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. Do not include this housing allowance if you are in the Military Housing Privatization Initiative.
 - Column 3: Check if no income:** Check the box if the person does not have any income.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

You will be notified by e-mail or mail if you qualify for financial assistance, and, if so, the amount awarded. Applicants will be notified within ten (10) days of receipt of the financial aid application.



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TIMBER-LEE CHRISTIAN CENTER – 2010 SUMMER CAMP FINANCIAL AID APPLICATION

PLEASE PRINT NEATLY



Parent Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Include Area Code

Include Area Code

E-Mail: _____

Part 1 - Children Currently LISTED as Dependents

List all names of children regardless of whether you are requesting financial aid for their participation or not. (First, Middle Initial, Last)	Birthdate	Grade	Complete this section only for those children for whom you are requesting financial aid: List the Timber-lee camp number and dates of camp requested.

Part 2 - Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

Part 3 -Total Household Gross Income - You must tell us how much and how often.

	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>Example: Jane Smith</i>	\$ <u>200/weekly</u>	\$ <u>150/weekly</u>	\$ <u>100/monthly</u>	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 4 - Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that camp officials may verify (check) the information and that I may be asked to provide supporting documents. I understand that if I purposely give false information my children may lose the benefit of attending Timber-lee Christian Center camps and programs. Any Timber-lee financial aid awarded will be applied to the full price of the camp session. No other discounts, including the Early Bird or Returning Camper discounts, can be applied to any remaining balance due.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - _____ I do not have a Social Security Number.

THIS SECTION FOR CAMP USE ONLY.

Annual Income Conversion: Weekly x 52, Every Two Weeks x 26, Twice A Month x 24, or Monthly x 12

Total Income: _____ Per: Month Year Household size: _____ people

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Reduced ____ Denied ____ Reason: _____

Determining Staff Signature: _____ Date: _____

Confirming Staff Signature: _____ Date: _____

PRIVACY STATEMENT

This explains how we will use the information you give us.

Timber-lee requires the information on this application. You do not have to give the information, but if you do not, we cannot determine eligibility for available financial aid. You must include the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information only to determine if your child is eligible for financial assistance, and for administration and enforcement of the financial aid program.

