



Dear Applicant,

We welcome your financial aid inquiry for Adventure Camp. It is deeply important to us that *all* children have access to our summer programs that create opportunities for meaningful connections with others and nature. We are excited to work together with you to make this happen.

Once we receive your application, we will review your request and let you know what kind of assistance we can provide. If your application is approved, we will contact you to discuss registration options, based on your schedule and our most current availability. Know that we do our very best to accommodate all requests, and all information is kept strictly confidential.

Information about other La Vida programs can be found at lavidacenter.org

As always, please do not hesitate to call or email us with your questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Sam Craig". The signature is fluid and cursive, with the first name "Sam" being larger and more prominent than the last name "Craig".

Sam Craig / Director of Adventure Camp



Adventure Camp Financial Assistance Form

Eligibility for Camp Financial Assistance: Financial aid is available to campers who otherwise would not be able to attend camp. Financial assistance is available for two sessions per camper per summer. We consider family size, income, and other circumstances when we award financial assistance. Financial assistance is not guaranteed; it is based on the availability of funds and meeting the eligibility requirements. **Timeline & Notification:** Requests for financial assistance should be turned in no later than four weeks before the beginning of the first applicable camp week for processing and notification. **To Apply:** Complete one financial assistance form **per family**. Submit your completed form to adventurecamp@gordon.edu. All information is confidential. Email questions to adventurecamp@gordon.edu.

Family Information:

Camper(s) Name(s): _____

Birth date(s): _____

Parent(s)/Guardian(s) Name(s): _____ Email Address*: _____

Mailing Address: (street, city, state, zip): _____

Phone: (_____) _____ **Notification of financial assistance will be sent to this email address.*

Financial Impact Information: You must attach a copy of the first page of your most recent federal income tax return or W2s. (Do not include schedules, worksheets, or state returns.) Please block out Social Security or Tax ID numbers.

\$ _____ Total Household Income, including unemployment, alimony, child support, Social Security, disability, etc.

Please check all forms of aid for which your family qualifies:

Free School Lunch Reduced School Lunch SNAP WIC TANF

Camper lives in a (check all that apply):

Single Income Household Two-Income Household One Parent Both parents Grandparents

Other living arrangement: _____

Number of children in household (including camper): _____

Parent(s)/Guardian(s) Employment Status: Full-time Part-time Temporary Unemployed

Parent(s)/Guardian(s) place(s) of employment: _____

Check if receiving: Unemployment Disability Insurance/SSI

Did your camper receive financial assistance for Adventure Camp before? _____ If yes, what year(s)? _____

Explain special family expenses, extenuating circumstances, and impact here. Use back of form if needed. _____

\$ _____ Total Financial Assistance Amount Requested

Please share with us how you hope your camper(s) will benefit from attending La Vida Adventure Camp. If your camper(s) has attended Adventure Camp before, please tell us how this has positively influenced your camper(s). Use back of form if necessary. _____

Signature Required: I certify that to the best of my knowledge, the information I have provided on this application is truthful, accurate, and complete. I understand that if the information I have provided is found to be untrue, my financial assistance award may be revoked.

Signature: _____ Date: _____

Office Use Only

Date Form Received _____ Amount Awarded \$ _____ Date of Notification _____ Family Contribution \$ _____