



CAMP HENRY TUITION ASSISTANCE REQUEST FORM

Please fill out one per child. All information is required. Please print.

PARTICIPANT INFORMATION ☐ RETURNING PARTICIPANT ☐ NEW PARTICIPANT

Name (first, last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Other Family Participants

Name (first, last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION

1. Name (first, last): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

2. Name (first, last): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

ELIGIBILITY INFORMATION

Has the participant attended camp at Henry Street before? ☐ Yes ☐ No If yes, what year? _____

Did the participant receive Tuition Assistance last year? ☐ Yes ☐ No If yes, how much? _____

Total number in household? Adults: _____ Children: _____

Names and ages of all children in household

1. Name: _____ Date of Birth: _____ Name: _____

2. Name: _____ Date of Birth: _____ Relationship: _____

3. Name: _____ Date of Birth: _____ Name: _____

Do you own your home? ☐ Rent ☐ Own Relationship: _____

Other Dependents

Parent/Guardian #1 Employment Information

Name of Employer: _____ Business Address: _____

Business Phone: _____ Number of years with Employer: _____ Position/Title: _____

Parent/Guardian #2 Employment Information

Name of Employer: _____ Business Address: _____

Business Phone: _____ Number of years with Employer: _____ Position/Title: _____

INCOME INFORMATION Required and confidential; please provide documents for all that apply.

Family Income (Annually)	Expenses	Monthly	Annually
Parent/Guardian #1 Salary: \$ _____	Rent/Mortgage	\$ _____	\$ _____
Parent/Guardian #2 Salary: \$ _____	Utilities	\$ _____	\$ _____
Other income (public assistance, Social Security): \$ _____	Insurance (home, auto, life)	\$ _____	\$ _____
Other income (alimony, child support, family): \$ _____	Education	\$ _____	\$ _____
Other income (interest, dividends, etc.): \$ _____	Medical	\$ _____	\$ _____
Other (please specify): \$ _____	Loans	\$ _____	\$ _____
Total Family Income: \$ _____	Auto Payments	\$ _____	\$ _____
	Credit Card Payments	\$ _____	\$ _____
	Other	\$ _____	\$ _____

Assets

Savings and Investments: \$ _____

Checking: \$ _____

Other: \$ _____

Scholarship amount requested: \$ _____ Is a Payment Plan requested? ☐ Yes ☐ No

Other Information

Please add below any information which will further explain your family’s financial situation and why this program is important to your family.

Please attach a copy of your most recent federal tax return, two (2) pay stubs, and any relevant award/notification letters. All materials and forms will be kept strictly confidential.

Financial Assistance Guidelines

The Henry Street Settlement offers programs and services to the community at subsidized rates. Limited financial assistance is available for program participants who otherwise would not be able to afford enrollment. A registrant may apply for financial assistance by filling out this entire form, and returning it with your program registration form to the registrar and required income documents. All applicants requesting financial assistance **must meet with a staff member from the Services department as part of the scholarship application process.** The registrant’s parent’s most recent federal income tax return is required along with the application. Registrants will be notified in writing regarding their financial assistance award and payment terms. Signed award letters need to be returned by the due date signifying acceptance of the scholarship award and agreement of payment terms.

DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY

Registrar’s Signature: _____ Date Submitted: _____

Award Information

Weekly Fees: \$ _____ Total Amount Paid: \$ _____ Total Amount Due: \$ _____ Total (Other): \$ _____

Tuition assistance will be applied to Camp.

Brief statement regarding need for award: _____

Recommended Award Amount: \$ _____ Program Director’s Signature: _____ Date Granted: _____

Reviewed by CPO or CFO: ☐ Yes ☐ No

Approved Award Amount: \$ _____ Payment Terms: _____ Date: _____

Signature (CPO or CFO): _____

Award Letter Sent: _____ Signed Award Letter Received: _____