

4-H Camp Wabasso Financial Aid Application

All information is strictly confidential.

Please return to Lisa Vaughn at:
Cornell Cooperative Extension of Jefferson County
203 North Hamilton Street, Watertown, NY 13601

DUE DATE: APRIL 12, 2019

A separate application is required for each child. We will send notification to ALL applicants. If you aren't awarded a scholarship you will still be eligible for the early bird price. Receiving a scholarship before will not prevent you from receiving another one. All sections of this application need to be completed in order for the application to be considered.

SECTION 1: CHILD'S INFORMATION

Name: _____ Age: _____ Gender: M F

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

Number of years attending 4-H Camp Wabasso: _____ 4-H member? Y N

Have you ever received a camp scholarship? Y N How many years? _____ How much? _____

I would like my child to attend: Cloverbud Cloverbud Plus Tech Camp Resident Camp Day Camp

SECTION 2: PARENT'S INFORMATION

Name: _____ Telephone Number: _____

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

SECTION 3: FAMILY INFORMATION

Guardian / Mother / Stepmother Unemployed Disabled Deceased Not Involved
Place of Employment: _____ Hours per week: _____

Guardian / Father / Stepfather Unemployed Disabled Deceased Not Involved
Place of Employment: _____ Hours per week: _____

Is either parent/guardian military? Y N Branch of Service _____
 Active Duty Retired Reserves Deployed Disabled Deceased

Family/Child receives public assistance (ex. Department of Social Services, Social Security, Veteran's Benefits, Unemployment, etc.) Child Parent Neither Type of assistance: _____

Family's gross income from ALL sources, including public assistance is \$ _____ per Week
(If self-employed or a business owner, use your gross weekly income from all sources Month
minus allowable business expenses; this equals the family's gross weekly income.) Year

Number of people living in household: _____ Number of children living at home: _____ Age(s): _____

Number of children attending 4-H Camp Wabasso: _____

SECTION 4

Please write any additional information that you feel would help our selection committee to better understand the financial aid or special needs of your child. The more information we have, the easier it will be to determine a family’s need for financial aid. This section must be completed or applicants will not be eligible for assistance.

2019 4-H Camp Wabasso Rates					
Week	Age	Early Bird (with deposit by May 3) Jefferson County	Early Bird (with deposit by May 3) Out of County	Full Rate Jefferson County	Full rate Out of County
Cloverbud	6-8	\$135	\$150	\$145	\$160
Tech Camp	8-16	\$230	\$245	\$240	\$255
Cloverbud Plus	6-8	\$190	\$205	\$200	\$215
Traditional Camp	8-16	\$360	\$385	\$385	\$410
Trad. Day Camp	8-16	\$260/week—You provide transportation to and from 4-H Camp Wabasso.			

The following must be filled out in order to be eligible for financial aid.

Partial fee we can afford (**Suggested** minimum payment is \$35.00) _____

Financial aid request \$ _____

Signature: _____ Date: _____

In order to qualify for financial aid for 4-H Camp Wabasso, you must meet the same criteria as required for a free or reduced school lunch. You must be at or under the income that correlates with your family size in the following table. However special considerations may be made when awarding scholarships – military families, children of fallen warriors, children of wounded warriors, financial difficulties, etc.

Size of Family Unit (Including all adults and children)	48 Contiguous States, D.C. and Outlying Jurisdictions	Size of Family Unit (Including all adults and children)	48 Contiguous States, D.C. and Outlying Jurisdictions
1	\$22,459	5	\$54,427
2	\$30,451	6	\$62,419
3	\$38,443	7	\$70,411
4	\$46,435	8	\$78,403

For family units with more than eight members, add \$7,992 for each additional family member.