



Financial Assistance Application 2017

Dear Families,

Camp Garrett is looking forward to providing a safe and exciting summer for your child. We want to make sure that everyone can access our great programs. The cost of camp is paid directly to Camp Garrett and is \$290 per week. Financial assistance is available through Garrett Williamson for those who qualify.

To qualify for assistance, please provide the following documentation **no later than May 5th**.

1. A personal statement explaining why you believe you are deserving of financial assistance and how a Camp Garrett scholarship will enhance your family's quality of life.
2. A list of all members living in the household.
3. A signed 2016 Tax Return and W-2s for any adults who are financially responsible for the child in need of scholarship support.
4. Copies of one month's paystubs for any adults who are financially responsible for the child in need of scholarship support.
5. Documentation for all other income (SNAP benefits, unemployment, child support, alimony, trust fund payments, rental income, foster parent income, social security income or other benefits, etc.) OR a statement that you do not receive additional income.
6. A completed Summer Food Service Income Eligibility Form.

Once you have compiled the above documentation, please complete the attached Cover Letter and submit your application via fax, email, or traditional mail at your earliest convenience. All contact information is listed below. Scholarships are distributed on a first-come, first-served basis, based on need.

Thank you for your cooperation and we look forward to working together to make your child's summer wonderful.

Please feel free to contact me with any questions at 610-353-7690 or at director@campgarrett.org.

Sincerely,

Giselle Cosentino
Director of Camp Garrett
395 Bishop Hollow Road
Newtown Square, PA 19073



Financial Assistance Cover Letter 2016

I, _____ am the Mother/Father/Guardian to
(Guardian's Name)

_____ for whom I am requesting a scholarship
(Child/Children Name)
from Garrett Williamson for the 2017 camp season based on the information I have provided.

I can be reached at _____ to be contacted with a
(email address/primary phone number)
final decision from Garrett Williamson.

PLEASE ENSURE ALL BOXES HAVE BEEN CHECKED AND ALL LINES HAVE BEEN INITIALED BEFORE SUBMITTING

I have submitted a **personal statement** explaining why I believe we are deserving of financial assistance. I have explained how receiving a Garrett Williamson Foundation Scholarship will enhance our family's quality of life.

I have provided a list of all members living in my household.

I have provided our/my signed copy/copies of **2016 Tax Return(s)** and **W-2s** that indicate _____ is my/our dependent(s).
(Child/Children Name)

I have provided a copy of our/my **last month's paystubs**.

I have provided **documentation for all other income** I receive such as: SNAP benefits, unemployment, child support, alimony, trust fund payments, rental income, foster care income, etc.

I have provided **the completed Summer Food Service Program Income Eligibility Form**. (Available in the Camp Office or through the mail by request.)

_____ I understand that it is my responsibility and I agree to notify Garrett Williamson in writing within 15 days if my financial situation changes (i.e. new job, marriage, child support, inheritance).

_____ I attest to the fact that I have provided Garrett Williamson with all required documentation and that I have disclosed all sources of my/our income. Further, I understand that purposeful, inaccurate reporting of revenues will result in immediate scholarship termination and removal from the Camp Garrett program.

_____ I understand that Garrett Williamson, in its sole discretion, can alter or discontinue the amount awarded to my family with or without advanced notice.

Signature _____ Date _____