



# Financial Assistance Application 2022

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 \$340 per week and \$730 per session for Leaders in Training (LIT). Financial assistance is available through Garrett Williamson for those who qualify.

To qualify for assistance, please be prepared to provide the following documentation to Camp Garrett **no later than Monday, March 7th**. Documentation explaining your current financial situation and how receiving a Garrett Williamson Scholarship will enhance your family's quality of life. Please also include a list of all members living in your household.

2. A signed 2020 Tax Return and W-2s for all working members of the household.
  - a. You may provide 2021 tax returns and W-2s if they more accurately reflect your financial situation
3. Two most recent paystubs from each household earner.
4. Documentation for all other income (including but not limited to child support, alimony, benefits, etc.) OR a written statement if you do not receive additional income.
5. A completed *Summer Food Service Income Eligibility Form*.

**Once you have compiled the above documentation, please complete the attached Cover Letter before submitting your application.** All contact information for Garrett Williamson 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 [assistantdirector@campgarrett.org](mailto:assistantdirector@campgarrett.org).

Sincerely,

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



# Financial Assistance Cover Letter 2022

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 2022 camp season based on the information I have provided.

I can be reached at \_\_\_\_\_ to be contacted with a final  
(email address/primary phone number)

decision from Garrett Williamson. I understand that my application cannot be reviewed until all items below have been submitted.

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

I have submitted a **personal statement** explaining my current financial situation and how receiving a Garrett Williamson Scholarship will enhance my family's quality of life.

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

I have provided our/my signed copy/copies of **2020 Tax Return(s)** and **W-2s** that indicate  
\_\_\_\_\_ is my/our dependent(s).  
(Child/Children Name)

I have provided a copy of our/my **two most recent paystubs**.

I have provided **documentation for all other income** I receive such as child support, alimony, benefits, etc.  
OR a written statement if I don't receive additional income.

I have provided **the completed Summer Food Service Program Income Eligibility Form**.

\_\_\_\_\_ 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 excessive absences may result in loss of Garrett Williamson Scholarship.

\_\_\_\_\_ 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 \_\_\_\_\_

**INCOME ELIGIBILITY FORM  
SUMMER FOOD SERVICE PROGRAM  
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

**Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:**

**Part 1:** List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is NOT required.

**Part 5:** Answer this question if you choose to.

**If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:**

**Part 1:** Enter the child's name.

**Part 2:** Please contact us at **[phone number of Sponsor]**

**Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

**Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B—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.

In Box 1, 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 your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C—Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. 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 you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

<b>Part 1. Children enrolled in Camp or Closed Enrolled Sites.</b>	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). <b>Skip to Part 4 if you listed a case #.</b>

**Part 2. Foster Child**  
 Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

<b>Part 3. Total Household Gross Income—You must tell us how much and how often</b>					
A. Name (List <b>everyone</b> in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if <b>NO</b> income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**  
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
*I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*  
 Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Last four digits of Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

<b>Part 5. Participant's ethnic and racial identities (optional)</b>	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year

Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_