



Financial Aid Application (Optional)

Please complete this form and submit it with all other application materials by the deadlines listed below. Applicants may be awarded financial assistance for one session per guest, based on family and/or individual needs. Funds are limited, so we encourage you to seek assistance from other sources. Incomplete applications will automatically disqualify you from receiving financial aid. Your camp invoice will indicate whether or not you have been approved and the amount of assistance you are eligible for.

March 1—Deadline

Guest Name _____

*Scholarship applicants may not always receive their session preference. Quest’s Camp Thunderbird will make every effort to accommodate your request, however, placement is based on availability.

Payment Responsibility

This entire section applies to the person responsible for payment of camp fees. If the individual is claimed as a dependent by the person responsible for payment, ALL household income must be included or you will not be considered for financial aid.

A. Responsible for Payment:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Guest Parent Guardian CDC Other _____

APD (District # _____ Contact Name _____ Phone _____

B. Place of Employment _____ Position _____

C. Dependents—Please list **ALL** individuals who are dependents of the responsible party:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Copy of 2017 federal income tax filing **MUST** be included. If income taxes were not filed for 2017, please include a copy of your current W-2 and 2016 taxes and/or a 2017 Social Security benefit statement.

Authorization

I certify that the statements and information made in this application are true and correct to the best of my knowledge.

Completed by: Guest Parent Guardian Group Home Manager Other _____

Signature _____ Date _____