Camp Thunderbird

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 _____

Household Information

If the individual is claimed as a dependent, **ALL** household income must be included or you will not be considered for financial aid.

A. Head of Household or Parent/Guardian:

Name _____ Phone _____

Address _____

City _____ Sate _____ Zip Code _____ County _____

Email (required) _____

◯ Guest ◯ Parent ◯ Guardian ◯ CDC ◯ Other _____

◯ APD (District #_____ Contact Name _____ Phone _____

Will the guest use CDC Funds to pay for a portion of camp? ◯ Yes ◯ No

B. Dependents—Please list all individuals claimed by the head of household.

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

C. Is the guest employed? ◯ Yes ◯ No If so, where? _____

D. Copy of 2017 federal income tax filing **MUST** be included. If 2017 taxes have not been filed yet, please include the 2016 filing plus a copy of your current w2 and/or a 2017 Social Security benefits statement for all members of the household.

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 _____