



POCONO PLATEAU

CAMP AND RETREAT CENTER

FINANCIAL AID INFORMATION

Dear Parent or Guardian,

Thank you for inquiring about scholarship information. We appreciate you completing the Application for Financial Aid.

Eastern Pennsylvania Conference Camping and Retreat Ministry uses Federal Summer Food Service guidelines to determine eligibility for camping financial aid.

- *(This is a 'guideline' for the camp. If you do not meet the federal guidelines & still feel the need for financial aid, please complete the enclosed application to help us determine the amount of scholarship that may be offered.)*

An application which does not contain ALL of the required information cannot be processed. Please make sure a parent or guardian signs the form.

The following are the federal guidelines that will be used for the camping season:

HOUSEHOLD SIZE	ANNUAL EARNINGS	MONTHLY EARNINGS	WEEKLY EARNINGS
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
5	\$57,424	\$4,786	\$1,105
6	\$65,823	\$5,486	\$1,266
7	\$74,222	\$6,186	\$1,428
8	\$82,621	\$6,886	\$1,589

For each additional family member after eight, add \$8,399 per year, \$700 per month, \$1620 per week

Financial aid decisions are made without regard to race, color, national origin, sex, age or disability.

NOTE: The Financial Aid application (*front & back*) must be completed and returned to camp before any scholarships are considered and/or rewarded. Scholarships are limited.

If you have questions about financial aid, please call the Camp Office for assistance.
Pocono Plateau Camp: 570-676-3665

POCONO PLATEAU SUMMER CAMP - APPLICATION FOR FINANCIAL AID

To apply for financial aid for camp, carefully complete, sign and return this form to the camp.

Pocono Plateau Camp & Retreat Center
 304 Pocono Plateau Rd, Cresco, PA 18326
 570-676-3665

CAMP # _____

1. Name of Child _____
Last Name First Age

COMPLETE SECTION 2 OR SECTION 3:

2. Households Receiving Food Stamps or Temporary Aid to Needy Families

If you are NOW receiving food stamps or TANF for THIS child, you may give your food stamps number or TANF number. If you complete Part 2, do not complete Part 3. You must complete the signature section.

Yes, I received food stamps or TANF for this child this month:

Food Stamp Case Number _____ or TANF Case Number _____

3. All Other Households (If you did not give a food stamp or TANF number, you must complete this section)

HOUSEHOLD MEMBERS: List the names of everyone living in your household; include yourself and the child listed above.

INCOME: List all income received last month on the same line with the person who received it. You must use gross income BEFORE deductions for taxes, social security, etc. List each amount in the correct column. The camp will total the monthly income.

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME				
NAME (Last, First)	Age	Monthly Earnings From Work (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	All Other Income Received Last Month
		Job 1	Job 2			

3. Signature

I certify that all the above information is true and correct and that all income is reported. I understand that the information is being given to determine eligibility for financial aid for camp.

 Signature of Adult Date Signed

 Printed Name of Adult Telephone # Home [] Cell []

 Home Address: City, State, Zip Relationship to Child

NOTE: SCHOLARSHIPS ARE LIMITED. PLEASE RETURN THIS FORM AS SOON AS POSSIBLE SO WE CAN CONSIDER YOUR CAMPER FOR A SCHOLARSHIP.

(Both sides of this form must be completed & returned in order to be considered for a scholarship)

