



# 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 or email the Camp Office for assistance.  
Pocono Plateau Camp: 570-676-3665 or [camp@poconoplateau.org](mailto:camp@poconoplateau.org)

# POCONO PLATEAU SUMMER CAMP - APPLICATION FOR FINANCIAL AID

To apply for financial aid for camp, carefully complete, sign and return this form to [camp@poconoplateau.org](mailto:camp@poconoplateau.org).

Please select which program(s) your child(ren) will be attending:

Overnight Program # \_\_\_\_\_

Day Camp

If Day Camp, please provide the following information:

How many weeks are you planning on attending? \_\_\_\_\_ Will they be attending for full weeks (5 days) or partial (3 days)? \_\_\_\_\_

**1. Name of Child(ren)** \_\_\_\_\_

Last Name First Age; Please fill out a separate form for each child, unless they are attending the same programs each week

**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

