



Camp Cool Environment 2023 Financial Aid Application

Dear Parents/Guardians,

Who Is My Neighbor? Inc., is a local, nonprofit community organization that operates youth and family programs. Children are invited to attend summer camp regardless of the family's financial ability. We are still in the process of locating funds that can be used for financial aid. If your family is qualified your child will go on a waiting list. We will contact you when funding has been secured.

Confidentiality

The information you provide will be kept confidential. We will not disclose it to any government agency. The camp director needs your information only to allocate the financial resources of the camp. It is our goal that children who need financial aid will be able to attend for at least some portion of the camp season. If your child is selected to receive financial aid, we ask, in turn, that you keep the amount of aid confidential.

How Our Camps Are Funded

We apply for grants from corporations/foundations/government that fund children's programs. Also, through our sponsor-a-camper campaign, we solicit donations from generous people who support our goal of making camp available to every child who needs it. *All* the money we collect is used to operate the camp: to purchase supplies and insurance, pay the camp counselors, and meet the expenses of running the program.

Please fill out the next 2 pages as completely as you can.



Who Is My Neighbor?^{Inc.}

Camp Cool Environment Financial Aid Application

1. Parent/Guardian _____
First Name (Print) Last Name

2. Street Address _____

City, State & Zip _____

3. Phone # _____ Email: _____

4. Please list the name and age of child(ren) wishing to attend.

5. Please list the names and ages of all family members living in household.

6. Are you employed? _____
If yes, where? _____ #hours/wk _____

7. What is your annual household income? _____

8. Please identify any benefits anyone in your household is currently receiving, and attach documentation.

- ____ AFDC (Aid to Families with Dependent Children)
Verify by letter of determination from County Welfare Office
- ____ SSI (Social Security Income)
Verify by copy of current monthly check.
- ____ Unemployment Insurance
Verify by benefit letter from the state unemployment office

9. Is your child on the Free or Reduced School Lunch Program? (Please circle which lunch program if applicable, and return a copy of your lunch program letter with this application.)

I certify that, to the best of my knowledge, the above information is true and accurate.

Parent/Guardian Signature Date

Please explain any circumstances in your family that will help us decide about awarding you financial aid. If you have had any unusual expenses, loss of income, other hardships, or reasons we should consider, tell us here.

\$235 is the cost for one week of camp.

Please select the amount you are able to pay per week.

\$200 \$175 \$150 \$125 \$100 \$75 \$50

None of these; I can pay \$_____ per week

We may call to arrange a time to meet with you. As soon as we can, we will let you know the amount of any financial aid we can extend to you. At that time we will confirm the dates your child can attend.

Parent signature _____ Date _____

Please print your name _____

Mail or bring this application for financial aid to:

Who Is My Neighbor? Inc.

19 S. 2nd Ave.

Highland Park, NJ 08904

Feel free to contact Austin Morreale if you have additional questions: austin@whoismyneighbor.net