



**New Trier Township  
2012 Summer Day Camp  
Financial Assistance Application**

**Application Deadline: March 30, 2012**

**Applicant Information**

Family Name	
Mother's Name	Father's Name
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together	
Child resides with Name	Relationship
Address	
City	Zip
Home Phone	Email

**Employment Information**

Mother		Father	
Work hours & days		Work hours & days	
Employer		Employer	
Address		Address	
City	Zip	City	Zip
Phone		Phone	
Fax		Fax	
Email		Email	

**Children Living in the Custodial Home (Please list ALL children in household as this will be considered in determining your eligibility. If not requesting assistance for that child, check NA)**

Name	Age	Grade	N/A

**List any other persons living in your home for which you provide financial support**

Name	Relationship
Name	Relationship
Name	Relationship

## Summer Day Camp Provider or Program Information

<b>Child #1</b>	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	<b>Total program cost \$</b>

<b>Child #2</b>	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	<b>Total program cost \$</b>

<b>Child #3</b>	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	<b>Total program cost \$</b>

<b>Child #4</b>	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	<b>Total program cost \$</b>

If you have paid a registration deposit for any of the above programs, please indicate that amount \$

Please explain how financial assistance may help your family at this time and describe any unusual circumstances that you want to share with the committee. If extra space is needed, attach a separate sheet.

How did you learn about this program?

If you have been awarded financial assistance from another source, please state the source and the amount granted.

Source	Amount \$
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## Financial Information

**You must attach a copy of your most recent (either 2010 or 2011) federal income tax return AND income vouchers of the past 30 days.**

2011 Income Before Taxes \$                      Estimated 2012 Income Before Taxes \$

Monthly Expenses	Monthly Income After Taxes																																																																		
<p><b>Housing</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Mortgage</td><td style="width: 20%;">\$</td></tr> <tr><td>Rent</td><td>\$</td></tr> <tr><td>Taxes</td><td>\$</td></tr> </table> <p><b>Living Expenses</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Food</td><td style="width: 20%;">\$</td></tr> <tr><td>Clothes</td><td>\$</td></tr> <tr><td>Entertainment</td><td>\$</td></tr> </table> <p><b>Utilities</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Gas</td><td style="width: 20%;">\$</td></tr> <tr><td>Electric</td><td>\$</td></tr> <tr><td>Phone</td><td>\$</td></tr> <tr><td>Cable</td><td>\$</td></tr> </table> <p><b>Transportation</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Car Payment</td><td style="width: 20%;">\$</td></tr> <tr><td>Gas/Service</td><td>\$</td></tr> <tr><td>Public Transit</td><td>\$</td></tr> </table> <p><b>Health Care</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Insurance</td><td style="width: 20%;">\$</td></tr> <tr><td>Dental</td><td>\$</td></tr> <tr><td>Medical Expenses</td><td>\$</td></tr> </table> <p><b>School &amp; Child Care</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Day Camp</td><td style="width: 20%;">\$</td></tr> <tr><td>Tuition/Fees</td><td>\$</td></tr> <tr><td>Before School</td><td>\$</td></tr> <tr><td>After School</td><td>\$</td></tr> <tr><td>Day Care</td><td>\$</td></tr> <tr><td>Parent's Tuition</td><td>\$</td></tr> </table> <p><b>Debt Payment</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Credit Card</td><td style="width: 20%;">\$</td></tr> <tr><td>Loans</td><td>\$</td></tr> </table> <p><b>Total Expenses</b>                      \$</p>	Mortgage	\$	Rent	\$	Taxes	\$	Food	\$	Clothes	\$	Entertainment	\$	Gas	\$	Electric	\$	Phone	\$	Cable	\$	Car Payment	\$	Gas/Service	\$	Public Transit	\$	Insurance	\$	Dental	\$	Medical Expenses	\$	Day Camp	\$	Tuition/Fees	\$	Before School	\$	After School	\$	Day Care	\$	Parent's Tuition	\$	Credit Card	\$	Loans	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Employment</td><td style="width: 20%;">\$</td></tr> <tr><td>Child Support</td><td>\$</td></tr> <tr><td>Alimony</td><td>\$</td></tr> <tr><td>Disability</td><td>\$</td></tr> <tr><td>Interest</td><td>\$</td></tr> <tr><td>Investment/Trust</td><td>\$</td></tr> <tr><td>Rental/Boarder</td><td>\$</td></tr> <tr><td>Adoption Subsidy</td><td>\$</td></tr> <tr><td colspan="2" style="padding-top: 20px;"><b>Total Income After Taxes</b> \$</td></tr> </table>	Employment	\$	Child Support	\$	Alimony	\$	Disability	\$	Interest	\$	Investment/Trust	\$	Rental/Boarder	\$	Adoption Subsidy	\$	<b>Total Income After Taxes</b> \$	
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Do you pay your housing expenses to a relative?  Yes  No  
 If yes, how are you related?  
 How many paychecks do you receive in a year? (please indicate number)

### Agreement

I certify that all the information supplied on this application is true and correct to the best of my knowledge and belief. If I am found to have falsely presented my financial or working status, I understand any financial assistance will be terminated.

I understand that if my financial status changes, I will report the change to the Review Committee.

I understand that the Township will coordinate the disbursement of monies with the administrator of the summer day cam program or other involved agency chosen by me and listed in this application.

I understand that I will be responsible for a portion of the child care costs and that these costs will be paid in full in accordance with the fee structure of the program that I have chosen. Failure to do so may result in a denial of any future financial assistance.

Applicant's Signature

Date

### Checklist

Before submitting your application, use this handy checklist to make certain you have included ALL the required documentation.

The following items **must** accompany application for consideration:

- Copy of your most recent (either 2010 or 2011) Federal Income Tax return
- Copy of two income vouchers from last 30 days
- Proof of residency (current lease or letter signed by property owner)
- Verification of child's enrollment
- Copy of the current fee sheet from provider

Mail your completed application and documentation with a postmark no later than Friday, March 30, 2012 to:

New Trier Township  
739 Elm St.  
Winnetka, IL 60093  
Attn: Summer Camp Financial Assistance Program

Or fax no later than Friday, March 30, 2012 by 5:00 p.m. to:

847-446-1743  
Attention: Summer Camp Financial Assistance Program

### Important:

**Please note, failure to provide all documentation will render applicant ineligible.**