



**New Trier Township
2010 Summer Day Camp
Financial Assistance Application**

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

Child #1	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	Total program cost \$
Child #2	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	Total program cost \$
Child #3	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	Total program cost \$
Child #4	
Provider	Type of Program
Provider Contact Name	
Address	
City	Zip
Phone	Total program cost \$
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 \$

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

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

1. Copy of your most recent (either 2008 or 2009) Federal Income Tax return
2. Copy of two income vouchers from last 30 days
3. Proof of residency (current lease or letter signed by property owner)
4. Verification of child's enrollment
5. Copy of the current fee sheet from provider

Important:

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

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

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

APPLICATION DEADLINE IS MONDAY, MARCH 15, 2010 at 5:00 p.m.