

S.T.A.R. Camp

Financial Aid Application



S.T.A. R. Summer Camp = Student Together Achieving Respect

Financial Aid Application

The S.T.A.R. Summer Camp has Limited Financial Aid Available for the 2021 CAMP

Due Date for Financial Aid request and tax forms: June 15, 2021

Tuition for one Week of Camp
\$ 350.00 per week

Return forms to:
Jim/ Lori Wotowiec
S.T.A.R. Camp Directors
P.O. Box 41066 Brecksville, Ohio 44141
Or scan and email to: starsummercamp2021@gmail.com

Additional questions?

Jim Wotowiec	Lori Wotowiec
Camp Director	Camp Director
(13-12 years)	(Pre-School / 6-12 years)
Phone: 216-407-0139	Phone: 216-618-0807
Email: starsummercamp2021@gmail.com	

Your most recent tax return must be sent with this form or we will be unable to accept your application.

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The full cost of camp for a participant is \$350.00 per week. Several fundraising efforts each year provide an opportunity for families to apply for financial aid.

Financial aid is awarded based on family income and need. Other factors considered in financial aid awards are recent job loss, extraordinary expenses for housing, family size, medical care or rehabilitation equipment. To ensure that every child we accept can attend camp, and that families pay what they are able to pay, we review all information carefully and completely, before making financial aid awards.

YOU MUST SUBMIT YOUR MOST RECENT TAX RETURN OR A LETTER OF DETERMINATION FROM A GOVERNMENT AGENCY WITH THIS APPLICATION

Camper Name _____

Name of parents/guardians _____

Address _____

Contact Phone #: _____ Email _____

Father/Guardian

Employed by: _____

Present Position: _____

Mother/Guardian

Employed by: _____

Present Position: _____

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Please provide us the monthly or annual amounts for all of the following that you or your child receive:

Camper Name _____

Taxable Income (usually line 43 of your IRS Tax Return) \$ _____

Child support/alimony: \$ _____

Support for foster child(ren) \$ _____

Self-employment income \$ _____

Public Assistance (AFDC) \$ _____

SSI \$ _____ Who is the payee? _____

Social Security \$ _____ Who is the payee? _____

Food Stamps \$ _____

Private Pension \$ _____

Other (please specify) _____

Support from private and public agencies

Are there public or private agencies which will provide some support for your child's camp fees?

Yes No

If yes:

Which Agency: _____ How much: \$ _____

Please give us any further information which you feel will help us determine your financial aid award. You may use additional pages if necessary.

Signature

Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

Please return this form with a copy of your most recent Federal Tax Returns