

Name of Child: _____

**ISLAND KIDS
Financial Aid**

FINANCIAL AID APPLICATION GUIDELINES

Please review the following Financial Aid Application Guidelines carefully and then sign and date below to acknowledge your understanding and agreement. Your child's financial aid application will not be processed without this form.

Financial Aid Eligibility

Island Kids, Inc. uses the following eligibility criteria as a guide to awarding financial aid:

Full Financial Aid Most of our full financial aid assistance goes to families who are receiving means-tested benefits as of the date of submission of their financial aid application. Examples of means-tested benefit programs include Section 8, Medicaid, Food Stamps (part of the Supplemental Nutrition Assistance Program or "SNAP"), Temporary Assistance to Families (TANF), and Supplemental Security Income (SSI), among others. If your household falls into this category, please request "full financial aid" on the Financial Aid Form.

Please also attach evidence of your family's entitlement to the means-tested benefit. This evidence can be in the form of a letter, notice, or other official document containing the name of the agency granting the benefit. The document must show the name of the recipient of the benefit and the name of the agency awarding the benefit.

Partial Financial Aid Most of our partial financial aid assistance goes to annual income falls below [300%] of the federal poverty guidelines applicable to their families household size but are not eligible for means tested benefits. If you can pay a portion of the tuition, please let us know how much you can pay.

¹ A means-tested benefit is a public benefit where a person's eligibility for the benefit, or the amount of such benefit, or both, are determined on the basis of a person's income and resources, including those that may lawfully be deemed available to the person by the benefit-granting agency. Means-tested benefits may be either federally or stated funded.

Name of Child: _____

ALL AWARDS OF FINANCIAL AID ARE MADE AT THE SOLE AND EXCLUSIVE DISCRETION OF THE ISLAND KIDS BOARD OF DIRECTORS OF ISLAND KIDS, INC. WE MAY REQUEST ADDITIONAL INFORMATION IF DEEMED NECESSARY.

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By signing below, I acknowledge that I understand the Financial Aid Guidelines above and I agree with them. I am the parent or guardian authorized to sign this form.

Parent/Guradian Signature: _____

Printed Name: _____

Relationship to Child: _____

Date: _____

³ The federal poverty guidelines are published annually and are available here: <http://aspe.hhs.gov/poverty-guidelines>.

Name of Child: _____

ISLAND KIDS

FINANCIAL AID APPLICATION FORM

Please fill out this form completely. Missing or incomplete information will delay our review and may result in rejection of your application.

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____ Child's Age (at start of Camp): _____

Child's Home Address: _____

Name of Primary Parent/Guardian: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Names of any siblings/relatives also applying to attend Island Kids Day Camp this year:

Estimated Annual Household Income: \$ _____

Number of Adults in Household: _____

Number of Children in Household: _____

Name of Child: _____

Are you applying for: Full Financial Aid Partial Financial Aid Other Financial Aid

FULL FINANCIAL AID

If you are applying for full financial aid, please list any means-tested benefits any member of your household is currently receiving:

Recipient Name	Benefit	Awarding Agency

Please attach evidence of current eligibility for any means-tested benefits listed above.

PARTIAL FINANCIAL AID

If you are applying for partial financial aid, please estimate how much you can afford to pay towards your child's tuition per week: \$ _____

Please attach copies of the most recent paystubs for all parents/guardians who contribute or are legally responsible for contributing to payment of the child's expenses.

OTHER FINANCIAL AID

If you are applying for financial aid due to extenuating circumstances, please provide a detailed explanation of such circumstances:
