



Name of Child: _____

**ISLAND KIDS
Summer Camp 2018**

FINANCIAL AID APPLICATION CHECKLIST

We are delighted that you are considering enrolling your child in an Island Kids program!

Please check the boxes below to show that you are returning all the required forms to us:

- Financial Aid Application Checklist
- Financial Aid Application Guidelines (signed and dated)
- Financial Aid Application Form (signed and dated)
- IRS-Verified Transcript of Tax Return or Verification of Nonfiling
- Evidence of Means-Tested Benefits (if applicable)

Please return these documents by mail in one complete package to:

Island Kids
P.O. Box 2
Island Station
New York, NY 10044

Please keep a copy of your application for your files.

After we receive your child's complete financial aid application package, we will notify you as to whether your child has been selected to receive full or partial tuition financial aid. If you have any questions, please email iksummer2018@gmail.com.

Date Submitted: _____



Name of Child: _____

ISLAND KIDS Summer Camp 2018

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.

IRS-Verified Transcript of Tax Return or Verification of Nonfiling

Parents or guardians who are requesting financial aid for their child's tuition in Island Kids programs must submit a "Transcript of Tax Return" showing IRS-verified tax return information for the tax year ending on December 31, 2017, or a "Verification of Nonfiling". To obtain either of these documents, you must submit a Form 4506-T to the IRS. We are unable to provide financial aid without fully verified income information. You can find the form at the following link <https://www.irs.gov/individuals/get-transcript>

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 benefits¹ 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 family 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 families with a total

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 state funded.

Name of Child: _____

annual income that falls below [300%]² of the federal poverty guidelines³ applicable to their household size but who are not eligible for means-tested benefits. If you are able to pay a portion of the tuition, please let us know how much you can afford to pay. 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: We generally consider financial aid applications from households with a total annual income in excess of the thresholds described above only in extreme extenuating circumstances, such as medical hardship, recent job loss, or a large number of dependents (*i.e.*, financial responsibility for extended family members). ***We cannot grant financial aid due to financial strains arising because a child is enrolled in other childcare programs or other situations involving elective activities, private school tuition, etc.*** However, if you feel your household is eligible for financial assistance due to extenuating circumstances, please submit a financial aid application and attach an explanation of those circumstances, and we will review it.

PLEASE REQUEST FINANCIAL AID ONLY FOR THE WEEKS YOU ARE CERTAIN YOUR CHILD WILL BE IN ATTENDANCE AT ISLAND KIDS SUMMER CAMP. PLEASE TAKE INTO CONSIDERATION ANY FAMILY VACATIONS. IF YOU HAVE TENTATIVE PLANS TO BE AWAY, PLEASE DO NOT ENROLL YOUR CHILD FOR THOSE WEEKS UNTIL YOUR PLANS ARE CONFIRMED.

TO MAINTAIN ELIGIBILITY FOR FINANCIAL AID, YOUR CHILD IS EXPECTED TO ATTEND CAMP EVERY WEEKDAY DURING THE WEEKS THAT HE/SHE IS REGISTERED. THREE OR MORE UNEXCUSED ABSENCES WILL RESULT IN THE LOSS OF FINANCIAL AID.

WE WILL REVIEW COMPLETED FINANCIAL AID APPLICATIONS, INCLUDING ALL REQUIRED SUPPORTING DOCUMENTATION, IN THE ORDER THAT THEY ARE RECEIVED. ALL AWARDS OF FINANCIAL AID ARE MADE AT THE SOLE AND EXCLUSIVE DISCRETION OF ISLAND KIDS, INC. ISLAND KIDS, INC. MAY REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION TO MAKE ITS FINAL FINANCIAL AID DETERMINATION.

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

Parent/Guardian Signature: _____

Printed Name: _____

Relationship to Child: _____

Date: _____



Name of Child: _____

**ISLAND KIDS AFTER SCHOOL PROGRAM
SPRING 2018**

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:

Name of Child: _____

By signing below, I certify that the information provided in this Financial Aid Form is true and accurate. I understand that any misinformation knowingly provided in this Financial Aid Form, or in any other documentation related to this Financial Aid Form, constitutes grounds for rejection of my child's financial aid application. I am the parent or guardian with authority to sign this form.

Parent/Guardian Signature: _____

Printed Name: _____

Relationship to Child: _____

Date: _____