



Thank you for your interest in the USL Summer Camp Academy financial assistance program. Applications will be reviewed by the USL Board which creates scholarship funds through public/private donors. We seek to assist as many people as possible, however, we cannot guarantee financial assistance. **Please Note:** *Financial Assistance application will only be considered for students who have applied for the entire 6 or 3 week camp session. Returning students must submit new applications and new documentation each year. Each year, the requests for assistance far exceed the amount of funds USL has available for students. Funds are allocated based on demonstrated financial need. Unfortunately, we are NOT able to provide financial assistance to all applicants, and very rarely are we able to offer a full scholarship. Financial assistance is not guaranteed to any applicant and is distributed at the sole discretion of the Summer Camp. Awards are not transferable to another program or future year participation. Please email the following application and documentation to: uslsummercamp@gmail.com*

Camper Name _____

Check which applies: 3 weeks or 6 weeks

Applicant Lives with: Both Parents Parent 1 Parent 2 Other

Check all that apply: Indicate whose financial information appears on this form:

Parent 1 Parent 2 Legal Guardian

Parent / Guardian 1 Occupation _____ Employer _____

Parent / Guardian 2 Occupation _____ Employer _____

Income Tax Filing Status: Married (Jointly) Married (Separate) Single Head of Household

How many children reside in your home and/or receive support from you? _____

Total Taxable Income – Before Deductions:

Income from Parent 1 \$ _____

Income from Parent 2 \$ _____

Total Income \$ _____

How much financial aid would you like to request? \$ _____

Are there any special circumstances on which you would like to comment?

I understand that all information submitted will be kept confidential and will only be used for determining eligibility for financial assistance or any available scholarships. I understand that USL may contact me to request additional information should I qualify for financial assistance. I certify that all information that is provided on the application is true and correct to the best of my knowledge. I understand that the application is being made in connection with the request for financial assistance, that USL may verify information, and that deliberate misrepresentation of information will void the application.

Parent / Guardian Name _____ **Date** _____

Parent Signature _____

TO COMPLETED BY USL BOARD: Denied Approved (Amount approved for) _____ Initial X