



Financial Assistance & Scholarship

Dear Parents or Guardian:

Thank you, for interest in the USL Summer Camp Academy (USL-SCA) financial assistance program.

Applications will be reviewed in the order received. Families are encouraged to apply early to increase their chance for consideration. The last day to submit a financial aid application is April 1st, 2019. After this date, applicants will go on a wait list and will only be notified if funds become available.

Please Note: Financial Assistance application will only be considered for students who have applied and been accepted to a USL Summer Camp Academy 2019 season. Returning students must submit new application and new documentation each year.

Each year, the requests for assistance far exceed the amount of funds USL-SCA 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.

All financial assistance recipients will be notified of the type and amount of award by email within one month of our receipt of the application. The Financial Assistance will only be considering for the 3-week Selection Camp or Full Camp. We will not provide financial assistance for 1 or 2-week selection.

Please email the following application and documentation to: uslsummercamp@gmail.com fax 212-731-0296 or mail to the address below.



Summer Program Financial Assistance Application Page 2.

Call 212-256-1145 For Help

Student Name _____

USL-SCA Program Applying _____

Applicant Lives with: Both Parents Parent 1 Parent 2 Other

Check all that apply: Indicate whose financial information appears on this form: Parents separated or divorced Parent 1 Parent 2 One parent unable to work Legal Guardian Other Adult One parent deceased

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 \$ _____



Summer Program Financial Assistance Application Page 3.

Funds Available for Tuition this Summer

From Parent's, Stepparent's, & Other Adult's Income \$ _____

From Relatives, Friends, Trusts \$ _____

From State, Federal or other sources \$ _____

Maximum Amount of Tuition that you are able to Pay \$ _____

Minimum Amount of Financial Assistance you are Requesting \$ _____

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

I understand that all information submitted will be kept confidential and only will be used for determining eligibility for financial assistance or any available scholarships. I understand that SIG 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-SCA may verify information, and that deliberate misrepresentation of information will void application.

Parent / Guardian _____ Date _____