

# 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 2024 CAMP

Due Date for Financial Aid request and tax forms: June 1, 2024

Tuition for one Week of Camp  
\$ 375.00 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](mailto:starsummercamp2021@gmail.com)

Additional questions?

Jim Wotowiec	Lori Wotowiec
Camp Director	Camp Director
(13+ years)	(Pre-School / 6-12 years)
Phone: 216-407-0139	Phone: 216-618-0807
Email: <a href="mailto:starsummercamp2021@gmail.com">starsummercamp2021@gmail.com</a>	

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 \$375.00 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.

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### 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**