SFMC Math Camp

Summer 2015

Sliding Scale Form

This form replaces the Cost Calculator Form

Campers' names:_____ # of additional siblings:_____

Part 1

Parent/Guardian 1_____ Phone_____

Street_____ City_____ State_____ Zip_____

Email_____ Do you qualify for free/reduced lunch? _____

Are you currently employed?_____ Employer_____

Occupation_____ Years/Months with employer_____

Monthly gross $_____

Part 2

If you are a single parent, without financial support from another parent, you may leave part 2 blank. If both parents live at the same address, you may write "SAME" in the address section below.

Parent/Guardian 2_____ Phone_____

Street_____ City_____ State_____ Zip_____

Email_____ Do you qualify for free/reduced lunch? _____

Are you currently employed?_____ Employer_____

Occupation_____ Years/Months with employer_____

Monthly gross $_____

Income verification: *Please attach copies of your most recent tax return –OR your last two paystubs.*

Contribution

Everyone's contribution is based on the number of campers and number of weeks.

Non-sliding scale rates

	1 week	2 weeks	3 weeks
1 Camper	$350	$680	$990
2 Campers	$660	$1280	$1860
3 Campers	$930	$1800	$2610
4 +	Contact us	Contact us	Contact us

Sliding scale reductions: If your income is less than the amount given
Single parent/ Two parents
Less than $35,000/$70,000 - 0% (100% off)
Less than $50,000/$100,000 - 20% (80% off)
Less than $65,000/$120,000 - 40% (60% off)
Less than $80,000/$140,000 - 60% (40% off)
Less than $95,000/$150,000 - 80% (20% off)
No reductions above $95,000/$150,000. [1]

1. _____Number of campers.
2. _____Number of weeks.
3. _____Corresponding amount from grid.
4. _____If before April 1st, apply 10% discount (multiply row 4 by 0.9).
5. _____Number of extended hours needed per day.
6. _____Number of extended care hours needed total (5 days/week x row 6 x row 1 x row 2)
7. _____ Multiply row 6 by $10/hour.
8. _____Camp amount plus extended care amount (add rows 4 or 5 to row 8)
9. _____ multiply row 8 by % (EX: x 0.20 if single parent who makes less than $55000/yr)
10. _____ Deposit is 50% of row 9.

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Other)

_____

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Expenses

In addition to your normal expenses, please list any extraordinary expenses you have:

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[1] The sliding scale was updated on 3/17/2015.

Request for additional discount

We want SFMC Math Camp to be affordable for all families. If you cannot afford the amount calculated above, please give an alternate amount and any supporting reasons.

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By signing this sliding scale application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held responsible for the full cost.

Applicant's name (printed)_____

Applicant's Signature_____ Date_____