

## Financial Aid Instructions 2016

The Camp Nejedada Foundation truly appreciates the charitable support of the many donors whose contributions make it possible to offer camperships to needy families each summer. For these campers, a stay at Camp Nejedada would not be possible without financial assistance.

### IMPORTANT INFORMATION FOR APPLICANTS:

- 1. All financial aid applications are expected on or before APRIL 15, 2016.**
- All financial information you provide is treated as confidential.
- Applications must be completed in FULL in order to be processed. If a certain question does not apply to you, please enter N/A (not applicable) so we know you did not miss that question.
- The information that you provide will be checked and we may ask you to send additional information.
- Please make sure to enclose the first two pages of your entire household's completed Federal Income tax forms for the year 2015. Where applicable, return additional documentation with your application (e.g. social security, child support, alimony, etc) to prevent delays in processing.
- Campership assistance can range from 10% to 100% and is based on the USDA Family Size/Income Scale for Free Meals and other factors.
- Campership Applications are reviewed by a committee. Letters of determination informing you of any campership award, or ineligibility, are issued on a rolling basis.
- If, after receiving your letter of determination, you feel that you still cannot afford the determined fee, you may write a letter of appeal (to Bill Vierbuchen, Executive Director) requesting special consideration. Include a detailed list of your monthly income and expenses.

Should you require additional assistance, or have any questions or concerns, please contact the camp office by phone, 973-383-2611, or e-mail, [information@campnejeda.org](mailto:information@campnejeda.org).

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# FINANCIAL AID INSTRUCTIONS 2016

## 2016 SUMMER FOOD SERVICE PROGRAM

Dear Parent or Guardian:

The Summer Food Service program, a federal program of the United States Department of Agriculture (USDA), provides nutritious meals to preschool and school age children during the summer months. In this program, all meals are served free. The opportunity for your child to receive nutritious meals and snacks from the Summer Food Service Program should not be missed. Sound nutrition plays an important role in a child's physical and educational development.

**Eligibility:** Your cooperation is vital to qualify your child for this program. Public Law 97-35 requires documentation of eligibility of children in certain types of Summer Food Service Programs. In order to be eligible for this funding, our program must maintain a record of family size and income of all participants. The Income Eligibility Scale for reduced price meals is included in this letter for your information. If your income is less than or equal to these reduced price standards, your child is eligible for free meals from the Summer Food Service Program which means increased reimbursement for our program and increased nutritional benefits for your child.

**FAMILY SIZE/INCOME SCALE FOR FREE MEALS**  
(As announced by the United States Department of Agriculture)  
SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS

HOUSEHOLD INCOME is at or below			
SIZE	Annual	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
For each additional family member, add	\$7,696	\$642	\$148


A FOSTER CHILD who is the legal responsibility of the welfare agency or court may receive free Summer Food Service Program meals regardless of your household income. A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

1. Funds received from a welfare agency which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting),

Write "0" if the FOSTER CHILD has no PERSONAL USE INCOME.

**Nondiscrimination Statement:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866)632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Please help maintain quality nutrition on a regular basis for your child. Thank you for your cooperation.

  
Signature of Institutional Representative

## 2016 FINANCIAL AID APPLICATION

APPLICATION EXPECTED ON OR BEFORE APRIL 15, 2016

**Incomplete applications will not be processed**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Parent/Guardian completing application \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Social Security Number \_\_\_\_\_

Camper lives with  Both Parents  Single Parent  Relative  Foster Family

Other \_\_\_\_\_

Total number of people in household \_\_\_\_\_

How much of the full camp fee does your family expect to pay? \_\_\_\_\_

Type of Income:	Acceptable Proof of Income Documentation	Amount of Gross Income Per Year
1. Earnings & Wages	First two pages of 2015 tax return (camper must be listed as a dependent)	\$
2. Child support and/or alimony	Court order papers for child support and/or alimony	\$
3. Social Security, retirement, government support	Letter from U.S. Government detailing social security or government support, or 2015 retirement income document	\$

If your income is \$0, how do you pay for food, housing, and other living expenses? Please attach a separate sheet of paper with that information.

DCF (formerly DYFS) - Fill out section below if child is currently on caseload in your state. Many agencies will assist with payment:

Case worker's name \_\_\_\_\_ Case number \_\_\_\_\_

County agency and phone number \_\_\_\_\_

**What is the best time and phone number to call to review your financial aid application?**

**Time** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

I certify that all of the information included on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Camp Nejeda Foundation Inc. funds; the program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Parent/Guardian completing application \_\_\_\_\_

Date \_\_\_\_\_