FINANCIAL AID APPLICATION

To be considered for financial aid please:

1. **Complete this form.**We want to understand why you are requesting aid. If there are other details or circumstances you would like us to consider, you may include them on a separate sheet.

2. **Attach a copy of Page 1 of your most recent federal Tax Return (IRS Form 1040).**

3. **Submit your application and materials to Jennifer Chambers at jenniferchambers@nesarts.org.**

**Applications are considered on a first-come, first-serve basis.**

1. **CAMPER INFORMATION (please submit only one application per family)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper Name Birthdate Did they attend NESA’s camp last summer?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper Name Birthdate Did they attend NESA’s camp last summer?**

1. **FAMILY INFORMATION**

**Total number of dependent children: \_\_\_\_\_\_\_\_\_ Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name 1 How did you learn about NESA’s Summer Camp?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer/Company Name Position Years/Months employed here**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name 2 How did you learn about NESA’s Summer Camp?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer/Company Name Position Years/Months employed here**

1. **MONTHLY EXPENSES**

$\_\_\_\_\_\_\_\_\_\_\_\_Rent/Mortgage

$\_\_\_\_\_\_\_\_\_\_\_\_Childcare expenses

$\_\_\_\_\_\_\_\_\_\_\_\_Medical expenses (after insurance)

$\_\_\_\_\_\_\_\_\_\_\_\_Education expenses (please describe):

$\_\_\_\_\_\_\_\_\_\_\_\_Debts or Loan payments (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_Other Fixed expenses (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_Other extraordinary expenses (please describe on a separate sheet):

**$\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL MONTHLY EXPENSES**

1. **INCOME & OTHER ASSETS:**

$\_\_\_\_\_\_\_\_\_\_\_\_**Total Monthly Income (after taxes), from all supporting parents or guardians.**

*Please include income such as: salary, rental income, child support or aid for dependents, alimony, public assistance/benefits, social security, and unemployment.*

$\_\_\_\_\_\_\_\_\_\_\_\_Do you hold other significant assets, such as property other than your primary residence? *(circle one)* YES NO if yes, please indicate approximate value and describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are other external or family sources of funding available to you? *(circle one)* YES NO

If yes, please describe the circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. FINANCIAL AID: We care deeply about providing the benefits of a summer at NESA to as many families as possible. Please ask only for what you truly need.

NESA Session(s) *(circle).* Full Season (6 weeks) 1st session 2nd session 3rd session

4th session 5th session 6th session

$\_\_\_\_\_\_\_\_\_\_\_Total Monthly Income after Monthly Expense (discretionary income)

$\_\_\_\_\_\_\_\_\_\_\_Total cost of NESA tuition

$\_\_\_\_\_\_\_\_\_\_\_Amount you can pay toward NESA tuition

$\_\_\_\_\_\_\_\_\_\_\_Difference between tuition and your ability to pay **(request for financial aid)**

**I (we) declare that the information reported on this form, to the best of my/our knowledge and belief, is true, correct, and complete, and presents an accurate representation of our financial circumstances.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian 1 Signature of Parent/Guardian 2**

**SIGNATURES OF ALL PARENTS/GUARDIANS ARE REQUIRED**