



## INSTRUCTIONS FOR FINANCIAL AID TO ATTEND AUTISM SOCIETY SAN DIEGO SUMMER CAMPS

CAREFULLY READ THROUGH & COMPLETE ALL PAGES

Dear Autism Society San Diego Financial Aid Applicant:

The Autism Society San Diego is committed to offering financial assistance to as many participants as possible. Funds are available due to the generosity of community supporters and grant funding.

Assistance will be granted to the extent that funds are available. In an effort to serve our community, we require the completed financial aid form and all requested documents to ensure everyone receives the maximum amount of assistance.

**Application with all required documents are due by date indicated below. Wait-listers should apply contingent on attendance.**

1. You must be a member of the Autism Society San Diego. If you need financial assistance to pay for membership, contact the office at [info@autismsocietysandiego.com](mailto:info@autismsocietysandiego.com)
2. You will be notified via email once your completed application has been processed. Incomplete paperwork results in a delay in processing your request.
3. Checklist of required documents.
  - Application
  - Copy of 1040 or 1040 EZ-(most recent filing)
  - Copy of most recent pay stub(s)

4. This documentation is required. Please submit all information as it pertains to your household. Please return the application form and required documents to:

Autism Society San Diego  
4699 Murphy Canyon Road #101  
San Diego, CA 92123

Or Fax: 858-333-8295 Or email to: [info@autismsocietysandiego.org](mailto:info@autismsocietysandiego.org)

**PLEASE REGISTER FOR CAMP PRIOR TO SUBMITTING APPLICATION FOR FINANCIAL ASSISTANCE.**

**Reminder: all completed applications must be submitted by May 1, 2018 for Camp I CAN, and May 15, 2018 for Surf Camp. Call with any questions: 858-715-0678**

858.715.0678 \* [info@autismsocietysandiego.org](mailto:info@autismsocietysandiego.org) \* [www.autismsocietysandiego.org](http://www.autismsocietysandiego.org)

Autism Society San Diego Financial Aid Application  
SUMMER CAMP 2018

Camper's Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings and/or extended relatives residing in home: \_\_\_\_\_

\_\_\_\_\_

Are you a member of the Autism Society San Diego? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of family member who is a current Autism Society SD member \_\_\_\_\_

Please check desired camp(s): \*\*\*\*\*

➤ Camp I CAN/Toby Wells YMCA  or Camp I CAN/ Ecke YMCA

Are you registered? NO \_\_\_ YES \_\_\_ What dates? \_\_\_\_\_

Deposit paid? NO \_\_\_ YES \_\_\_ Deposit amount paid? \_\_\_\_\_

➤ Surf Camp  Are you registered? NO \_\_\_ YES \_\_\_ What dates? \_\_\_\_\_

Deposit paid? NO \_\_\_ YES \_\_\_ Deposit amount paid? \_\_\_\_\_

\*\*\*\*\*

What funding options have you pursued, if any? \_\_\_\_\_

What amount of camp cost can you pay, if any? \_\_\_\_\_

Briefly describe family's financial situation, family resources, including any public assistance received, why you need financial assistance & include any pertinent information to assist in determining eligibility. (attach additional page, if needed.)

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If you are applying on behalf of an adult individual for Surf Camp, please indicate here.

How many are in your household that you are financially responsible for? \_\_\_\_\_

How many special needs family members live in your household? \_\_\_\_\_

**▶ What are your sources of income?** Please include all adults living in household, if camp participant is a minor.

• Employment: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

• Government Benefits: SSI \_\_\_\_\_ SSDI \_\_\_\_\_ EDD \_\_\_\_\_ Retirement \_\_\_\_\_

Other: \_\_\_\_\_

**▶ Please send *copies of the first two pages of 2017 or year most recently filed 1040 or 1040A or one page of 1040EZ.***  I am not required to file taxes

**▶ How much do you make per hour or per month?** Please include all adults living in household, if camp participant is a minor.

Income Earner #1 \_\_\_\_\_ Income Earner #2 \_\_\_\_\_

**▶ Please include a *copy of most recent pay stubs for all income earners.***

*\*Please note: If your family is awarded a scholarship for your child to attend camp and fail to attend without sufficient notice, you may be required to pay \$50 cancellation fee.*

*All information received is held strictly confidential by the Autism Society San Diego. You are responsible for reading this entire application. By signing below, you are confirming that all information contained in this form and on all attachments is true, correct and complete. Additional information may be required following processing of your application.*

\_\_\_\_\_  
Signature of Primary Applicant \_\_\_\_\_  
Date

*Email or Fax completed application  
info@autismsocietysandiego.org or FAX: 858-333-8295*

**AUTISM SOCIETY OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Award Amount: \_\_\_\_\_ Camp Program Funded: \_\_\_\_\_

Approved By: \_\_\_\_\_

\_\_\_\_\_