



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, live in San Diego County, and have pending registration for Camp I CAN and/or Surf Camp.
2. Applications are considered based on financial need and will be carefully reviewed by our financial aid committee.
3. Checklist of required documents.
 - Application
 - Copy of 1040 or 1040 EZ-(most recent filing)
 - Copy of most recent pay stub(s)

You will be notified via email once your completed application has been processed. Incomplete paperwork results in a delay in processing your request.

**NOTE: If you are applying for funding on behalf of an adult with autism to attend Surf Camp, please only include income and documentation of the individual with autism*

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

Reminder: all completed applications must be submitted by May 1, 2019 for Camp I CAN, and May 15, 2019 for Surf Camp. Call with any questions: 858-715-0678

Autism Society San Diego Financial Aid Application
SUMMER CAMP 2019

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.)

If you are applying on behalf of an adult individual for Surf Camp, please indicate here
If you checked box, please only include income of the adult individual with autism.

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 2018 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: _____