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 submitted registration forms for Camp I CAN to the YMCA or Surf Camp to Autism Society San Diego.

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 email to: info@autismsocietysandiego.org

Reminder: all completed applications must be submitted in a timely manner to facilitate review and approval.
Call with any questions: 858-715-0678
Autism Society San Diego Financial Aid Application

SUMMER CAMP 2022

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 ☐  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. ☐
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 the 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 2021 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 the 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 completed application: info@autismsocietysandiego.org

___________________________________________  ________________________________
AUTISM SOCIETY OFFICE USE ONLY:                                Award Amount: _____________________________
Date Received: _______________________________ Date Reviewed: ______________________________
Camp Program Funded: __________________________________
Approved By: ______________________________________