

**2025 Financial Assistance Application**

It is our hope that families and individuals will never be denied the opportunity to participate in camping due to financial hardship. There is a limit, however, to the total scholarship funds available. We understand that asking for a tuition adjustment may be difficult. We have tried to make the process as easy, confidential, and fair as possible. Financial assistance is available to all Day and Overnight campers who are enrolled in Junior, Senior and/or Super Senior Divisions, as well as the non-travel costs of the Bonim 1 travel program for Summer 2025.

The financial assistance process is a rolling process and funds will be awarded on a first come first serve basis, until all funds have been distributed. As soon as your completed application is received, it will be presented to the Financial Assistance Committee. If there are missing documents the application will be submitted AFTER all documents are received.

Please note that the maximum scholarship available from Camp Laurelwood is 50% of the tuition fee with no exceptions. We will happily recommend other available sources for assistance such as your local Jewish Federation, Rabbi's Discretionary Fund, One Happy Camper etc.

**Please use the following checklist prior to submitting your application:**

* Completed Camp Laurelwood enrollment application for each camper you wish to receive tuition assistance for. This is filled out online through our enrollment system, CampMinder.
* Completed Financial Assistance application – One application per family. Please ensure every section within pages 2-5 is complete and page 6 is signed.
* Copy of Page 1 and 2 of 2023 or 2024 Federal tax return. In the case of shared custody, tax returns from both parties are required.
* W-2 Forms
* Recent pay stub

*\*If any part of the application is not completed in full, you will be contacted and asked to complete those sections that require completion before the committee will render a decision.*

# **2025 Financial Assistance Application**

## Parent/Guardian 1 Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Phone: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apt/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation: |  | Email: |  |

## Parent/Guardian 2 Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Phone: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apt/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation: |  | Email: |  |

**Parent/Guardian Marital Status:**

[ ]  **Married** [ ]  **Divorced** [ ]  **Single** [ ]  **Widowed**

In the case of shared custody, tax returns from both parties are required. If there are legal judgments in place involving financial responsibilities of both parties, please include that as well.

## Camper Information

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | Last | First |
| Enrolled Session |  |

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | Last | First |
| Enrolled Session |  |

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | Last | First |
| Enrolled Session |  |

**Please list other dependents living at home who are not attending Laurelwood**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Age: |  |
| Full Name: |  | Age: |  |
| Full Name: |  | Age: |  |

**PERSONAL STATEMENT** - Please use the space below to tell us about your situation and why you are seeking financial assistance for the upcoming summer.

**Financial Details - Income:**

|  |  |
| --- | --- |
| Gross income reported last year | $ |
| Alimony and child support | $ |
| Social security / pension | $ |
| Interest, dividends, rent, annuities, insurance | $ |
| Relatives / other | $ |
| Public assistance | $ |
| Savings | $ |
| Investments | $ |
| **TOTAL:** | $ |

**Financial Details: Monthly Expenses:**

|  |  |
| --- | --- |
| Monthly mortgage or rent |  $ |
| Tuition at |  $ |
| Synagogue dues at |  $ |
| Monthly electric |  $ |
| Monthly cable, internet, phone' |  $ |
| Monthly heating |  $ |
| Monthly gas |  $ |
| Monthly car payment |  $ |
| Monthly medical bills |  $ |
| Please provide other itemized expenses |  $ |
| **TOTAL:** |  $ |

By signing this form, I agree that all information contained herein is current and true. Financial assistance will be denied if information is falsified or incorrect.

Financial assistance is awarded on a first come first basis. I understand that my application will not be considered unless it is submitted with the required documentation.

I understand that the maximum financial assistance is 50% of the total tuition with no exceptions. Camp Laurelwood will advise me how to seek out further funding from outside entities, but doing so is no guarantee that aid from these entities will be given.

Once financial assistance is determined, I must either pay in full or through a payment plan created by the Camp. All account balances must be paid by March 5, 2025 for Early Bird discount accounts and May 5, 2025 for all other accounts. When registering after May 5, 2025 tuition is due in full after financial assistance has been awarded. Failure to pay the agreed upon balance in full by the required date could result in my child not attending camp and the financial assistance offered may be given to another family in need of assistance.

 Parent/Guardian signature Date