



Adirondack
Scholarship
Foundation

2019 Financial Aid Application

To be considered for a \$1000 Stipend, candidates must completely fill out all portions of this application.

BASIC INFORMATION

APPLICANT # 1

Name of Child: _____ Sex: _____ Age on July 1, 2019: _____

Current school of applicant: _____

APPLICANT # 2 (Optional)

Name of Child: _____ Sex: _____ Age on July 1, 2019: _____

Current school of applicant: _____

APPLICANT # 3 (Optional):

Name of Child: _____ Sex: _____ Age on July 1, 2019: _____

Current school of applicant: _____

Application filled out by: Both Parents ___ Father only ___ Mother only ___ Other ___

If "Other", please explain: _____

CONTACT INFO:

Name (s): _____

Email: _____ Primary Phone: _____

Occupation & Employers: _____

How many summers has your son/daughter attended Pok-O-MacCready Camps? _____

AID REQUEST

2019 Tuition rates range from \$2000 (3-week day camp) to \$8200 (full season overnight), and may vary, depending on the camp and session. Knowing the above rates,

_____ **We are requesting \$1,000 for each of our children applying for camp.**

Our preferred camp session is* _____

* Stipend may be applied towards any session.

Families are fully responsible for the balance of tuition + all expenses

(Next page: Financial Statement)

INCOME STATEMENT

All information provided will be kept in strict confidence. **The foundation may request an applicant's tax returns, and should that request be denied, it is understood that this may decrease the applicant's chances for receiving financial aid.**

Parents' Annual Income:

- A. Wages, Salaries, Tips
 Father/Stepfather (Annual Income)..... \$ _____
 Mother/Stepmother (Annual Income)..... \$ _____
- B. Dividends, Interest, Business Profit, Alimony/Child Support.....\$ _____
- C. Other Taxable Income\$ _____

Total Annual Income \$ _____

1. Number of household members dependent on the above income: _____
2. If you own a home, cooperative, or condominium apartment, please indicate:
Purchase price \$ _____ Monthly Mortgage \$ _____ Unpaid mortgage \$ _____
3. If you rent a home/apartment, what is your monthly rent? \$ _____
4. Please specify any debts, unexpected or unusual financial circumstances:

5. Total annual educational expenses (tuition, room, board, books, etc.) for all children: \$ _____

I declare that the information reported on this form is, to the best of my knowledge, correct and complete, and understand that the foundation reserves the right to request financial documentation.

Signature: _____ Date: _____

Name: _____ Email: _____

*** Please return application, along with cover letter and reference forms, by January 15, 2019 to:
The Adirondack Scholarship Foundation, c/o Tim Singer, Director – 63 Maple Leaf Lane, Shelburne, VT 05482 ***

OPTIONAL PERSONAL INQUIRY

It is not required for you to fill this out, but it may help us to get a better understanding of each candidate. Parents are encouraged to assist, and welcome to fill out the responses. PLEASE PRINT A SEPARATE FORM FOR EACH CANDIDATE. (You may use the back of this sheet for longer responses)

What about the summer camp experience are you most looking forward to?