



**ESYO SUMMER CAMP 2017 SCHOLARSHIP/FINANCIAL AID FORM
(Scholarships up to 50% of Camp Fee available)**

Name of Camper: _____

Name of Camp and dates _____

MONTHLY FAMILY INCOME INFORMATION (CONFIDENTIAL)

Please list the names of all household members who earn income and their monthly earnings (before deductions).

| | Name (last, first) | Age | Monthly Earnings (Before Deductions) | Other Income <i>(Welfare, Child Support, Social Security, Alimony, Retirement, Unemployment, Food stamps, etc.)</i> |
|--|--------------------|-----|---|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| TOTAL MONTHLY INCOME for HOUSEHOLD (Before Deductions) \$ _____ | | | | |
| TOTAL NUMBER of HOUSEHOLD MEMBERS (including those who do not earn income): _____ | | | | |

DECLARATION

- I agree to pay any remaining balance in full or set up a payment plan as listed on Program Fee & Payment Options form.
- I understand that ESYO reserves the right to request additional supporting document(s) to verify the above-stated income.
- Previous participant's accounts with ESYO must be current in order to be awarded a scholarship.
- I understand that the information on this form must be accurate and is given for the sole purpose of determining qualifications for awarding an ESYO Scholarship.

Signature of Parent or Legal Guardian: _____ Date: _____

Please email or mail with your registration form to:

ESYO • PO Box 5666, Eugene OR • 541-484-0473

We will notify you of the scholarship decision and amount, (based on federal guidelines), and the balance due.

Scholarships are only available for up to 50% of the camp fee.

For office use only: _____% of ESYO guideline _____ (ESYO Official)

_____ Approved PFS _____ Denied PFS \$_____ amount of PFS \$_____ Amount of family portion