Dear Parent/Guardian,

Thank you for your interest in the Exercise and Art for Heath (EArtH) camp. This camp need-based assistance program offers financial assistance to North Carolina families with children between the ages of 8 and 11, whom cannot afford the full cost of camp and meet the Federal Poverty Level.

Need-based assistance are limited and are distributed on a first come, first serve basis. Also note, need-based assistance are not given to cover the cost of full summer session.

Please complete and return the attached forms. All portions of the application must be completed before review. If you have yet to submit summer camp registration forms, please submit with this application. To register to the camp, please contact Karen Trefz by email trefzkr@appstate.edu, or phone (828) 262-2942.

In order to qualify for a need-based assistance, you must fall within one of the following categories and provide the indicated paperwork with the application:

1. You work at least 30 hours per week. You must submit four recent pay stubs.

2. You are a student and attend class at least 5 hours per day. You must submit a class schedule for the summer semester and monthly income statements.

3. You are medically incapable of caring for your child. You must submit a letter from your physician stating reasons you cannot care for the child and monthly income statements.

If more than one parent/guardian reside in the household, both need to fall into one of the categories listed above.

Need-based assistance eligibility is based on your income and on the number of children registered; fee is determined by the Federal Poverty Level.

Anyone on a need-based assistance is required to pay the designated camp deposit at the time of need-based assistance acceptance and meet the required payment schedule. Failure to adhere to the above guidelines will be grounds for immediate termination.
EArtH Summer Camp Need-based assistance Application

Complete both sides of this form for each child you are requesting a need-based assistance. All information must be complete and accurate. Attach pay stubs for the last four weeks for all adults contributing to the family income. Allow three (3) weeks for processing.

Child’s Full Name: ____________________________ Date of Birth: _____ / _____ / _______

Family Information

Parent/Guardian 1

Full Name: ________________________________________________________________________________________

Address: _____________________________ City: ________________ State: ___ Zip Code: ______

Telephone: (home) ____________ (cell) ____________ Email: ____________________________

Place of Employment: __________________________________________________________________________________

Address: _____________________________ City: ________________ State: ___ Zip Code: ______

Work Telephone: ______________________

Parent/Guardian 2

Full Name: ________________________________________________________________________________________

Address: _____________________________ City: ________________ State: ___ Zip Code: ______

Telephone: (home) ____________ (cell) ____________ Email: ____________________________

Place of Employment: __________________________________________________________________________________

Address: _____________________________ City: ________________ State: ___ Zip Code: ______

Work Telephone: ______________________

Household Size

Other children in family (number): ____________ Living at Home (number): ____________

Number of people in your household (including adults): ____________

Continued on next page.
EArtH Summer Camp Need-based assistance 
Application

Continued from previous page.

Income Information

Gross Monthly Family Income: $ ________________

Additional Income:

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare AFDC:</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Child Support:</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Support from Spouse:</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Social Security:</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Income from 2nd Job:</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Other Income:</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

Total Additional Income: $ ________________

Total Monthly Income: $ ________________

Weekly amount that you are able to pay for summer program $ ________________

Reason for Need

Briefly explain the reason for your request below:

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