

CARSON SIMPSON FARM CHRISTIAN CAMP

3405 Davisville Rd., Hatboro, PA 19040
(215) 659-0232 - Fax (215) 659-5129
www.CSFarm.org Registration@CSFarm.org

Summer 2024

Dear Parent or Guardian:

Thank you for your inquiry about scholarship information. If your family qualifies for scholarship according to the criteria shown below, we can offer the following scholarship for your child/ren:

First week \$155 scholarship per child for Day Camp (\$124 week of 6/17 & 7/5)
 \$145 scholarship per child for Cornerstone Leadership Camp (\$116 week of 6/17 & 7/5)

Additional weeks \$ 50.00 scholarship per child per week

We would appreciate your completing the enclosed Application for Financial Aid. Carson Simpson Farm uses federal Summer Food Service guidelines to determine eligibility for camping financial aid. Financial Aid decisions are made without regard to race, color, national origin, sex, age, or disability.

The information listed below is provided for you to make a decision as to whether your family's size and income meet the eligibility guidelines. If your family/household meets the family size and income guidelines, you should complete the application following the instructions provided on the back of this page. Our scholarship program is dependant upon this information.

An application which does not contain **ALL** of the required information cannot be processed by our organization. Please make sure a parent or guardian signs the form.

HOUSEHOLD SIZE	ANNUAL EARNINGS	MONTHLY EARNINGS	WEEKLY EARNINGS
1	\$0 - \$25,973	\$0 - \$2,248	\$0 - \$ 519
2	\$0 - \$36,482	\$0 - \$3,041	\$0 - \$ 702
3	\$0 - \$45,991	\$0 - \$3,833	\$0 - \$ 885
4	\$0 - \$55,500	\$0 - \$4,625	\$0 - \$1,068
5	\$0 - \$65,009	\$0 - \$5,418	\$0 - \$1,251
6	\$0 - \$74,518	\$0 - \$6,210	\$0 - \$1,434
7	\$0 - \$84,027	\$0 - \$7,003	\$0 - \$1,616
8	\$0 - \$93,536	\$0 - \$7,795	\$0 - \$1,799

For each additional household member add: \$9,509 per year, \$793 per month, \$183 per week.

If you have any questions, please contact the camp. Thank you.

HOW TO COMPLETE THE APPLICATION FOR FINANCIAL AID

Please complete the Application using the instructions below. Sign the form and return it to Carson Simpson Farm.
If you need help, call: 215-659-0232

1. CHILD INFORMATION: Print your child's name. Complete a separate form for each child.

2. FOSTER CHILDREN: Complete this Part and sign the form in #5.

- (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
 - (b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
 - (c) Complete a separate form for each foster child.
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3. OTHER BENEFITS: Complete this Part and sign the form in #5.

- (a) List your current food stamp or TANF case number(s) for your child(ren).
 - (b) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.
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4. ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members.
 - (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
 - (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
 - (d) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none".*
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5. SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
 - (b) The adult household member who signs the statement must include his/her **social security number**. *If he/she does not have a social security number, write "none".* A social security number is not needed if you listed a food stamp or TANF case number or if you are applying for a foster child.
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INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business, day care business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not
living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments
Translated Version - Spring 2000

Application for Financial Aid

Complete, sign and return the form to Carson Simpson Farm. Please read the instructions. If you need help completing this form, call: 215-659-0232

1. CHILD'S NAME:

Last First M.I.

2. Is this a FOSTER CHILD? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here: \$_____ . Go to section #5.

3. OTHER BENEFITS: Are you getting FOOD STAMPS or TANF? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.
Food stamp case number: _____ TANF case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

I certify that all of the above information is true and correct and that the food stamp, FDPIR, TANF or other eligible program case number is current, correct or that all income is reported.

Signature of Adult: _____ **Social Security Number:** _____ - _____ - _____

Printed Name: _____ **Home Phone:** _____ **Work Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Date:** _____

For Official Use Only:

Eligible: _____ NOT Eligible: _____

Signature: _____ Date: _____