



# ROSIE'S GIRLS®

## FINANCIAL AID APPLICATION

*Financial aid is available on a limited basis. The amount provided is determined by family need and the amount of aid remaining at the time of your application.*

**Camp session July 9-July 2010**

Name of camper: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

**Please be sure to answer all questions. This helps us grant financial aid quickly and fairly. If you have questions about this form, please call Vermont Works for Women at 878-0004 ext. 105. Thank you!**

1. Does your child receive a free or reduced lunch at her school? Yes \_\_\_ No \_\_\_
2. Do you receive support from the Department of Children & Families, Economic Services Division (PATH)? This includes Food Stamps and TANF support. Yes \_\_\_ No \_\_\_
3. What is your monthly household income? \$ \_\_\_\_\_
4. How many household members are dependent on this income? # \_\_\_\_\_
5. How many of these household members are under 18? # \_\_\_\_\_
6. Please check all that apply:
  - One or more family members have a disability or have been ill
  - One or more adults is unemployed or under-employed
  - Financial difficulty related to divorce or separation
  - One or more adults is a college student or studying for a GED
  - Debt payments that are difficult to meet
  - Mortgage is more than 30% of income
  - Credit card payments
  - Student loan debt
  - We cannot afford the tuition without help
7. Is there anything else you would like us to know in determining financial assistance?

***Applying as early as you can is helpful. Please call us if you have any questions about your application.***

**What is the maximum you feel you could afford to pay towards the total fee of \$850 \$ \_\_\_\_\_**

We ask for a deposit of \$100.00 when you submit your application. If you are unable to pay the full \$100, please circle what you can afford to pay as a deposit. Please circle one:      \$10                      \$25                      \$50                      Other \_\_\_\_\_

**Please include your deposit when you submit your application form.** Please make checks out to: **Rosie's Girls/United Way**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*All information on this form will be kept confidential and will be used solely to determine financial aid award.*