



4-H Junior Camp Financial Assistance Application 2017

Financial assistance levels (75, 50, or 25% reduction) will be based on the gross yearly income and size of a household. All recipients are required to pay at least the \$50.00 deposit. Additional fees beyond the deposit will be determined by the income level charts below. If you have questions, please call 757-564-2170. Applications will be accepted beginning February 13, 2017, when camp registration opens, and until all funds have been dispersed. Assistance is given on a first-come, first-serve basis to those that qualify.

Application Procedure:

- 1. Fill out a separate application for each child, and be sure to answer every question.
- 2. Include a copy of all household adults' most recent US Individual Federal Income Tax Return (ex. 1040).
- 3. Proof of public assistance if applicable. (ex. Foods Stamps/TANF).
- 4. Include your \$50.00 camp fee deposit.
- 5. Participants will be notified of the amount of scholarship they qualify for (75, 50, or 20% reduction). Once notified, participants will have one week to accept the scholarship. **The balance remaining after their \$50.00 deposit will be due by May 26, 2017**. There is a \$50.00 fee for all returned checks.

Income Guidelines for 4-H Camp Scholarships: <u>75% Reduction</u> (Total Camp Price - \$71.25)

Total People in							
Household	2	3	4	5	6	7	8
Gross Yearly Income	\$0-20,800	\$0-26,200	\$0-31,600	\$0-37,000	\$0-42,400	\$0-47,700	\$0-\$53,200
*Add \$5,408 for each additional family member beyond 8							

Income Guidelines for 4-H Camp Scholarships: <u>50% Reduction</u> (Total Camp Price - \$142.50)

Total People in							
Household	2	3	4	5	6	7	8
Gross Yearly Income	\$20,801-	\$26,201-	\$31,601-	\$37,001-	\$42,401-	\$47,701-	\$53,201-
	29,600	37,300	45,000	52,600	60,300	68,000	75,600
*Add \$7,696 for each additional family member beyond 8							

Income Guidelines for 4-H Camp Scholarships: <u>25% Reduction</u> (Total Camp Price - \$213.75)

Total People in Household	2	3	4	5	6	7	8
Gross Yearly Income	\$29,601-	\$37,301-	\$45,001-	\$52,601-	\$60,301-	\$68,001-	\$75,601-
	38,400	48,400	58,320	68,300	78,192	88,200	98,136
*Add \$9,984 for each additional family member beyond 8							

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact the VCE office at 757-564-2170 during business hours of 8:00 a.m. and 5:00 p.m. to discuss accommodations 5 days prior to the event.

*TDD number is (800) 828-1120.





Name of Child:					
Child's Age:C	Child's date of birth (r	nm/dd/yyy):	Gender:	Μ	F
Parent/Guardian name(s):					
Street Address:					
City:	State:	Zip Code:			
Mailing Address:					
City:	State:	Zip Code:			
Home Phone Number:		Cell Phone Number:			
Email Address:					
Mother/Guardian's Employer:					
Father/Guardian's Employer:					
Social Services Representative	(if applicable):				

Total number of persons in household (all adults and children):

A household includes all the persons share living expenses. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living expenses.

	Amount	Frequency
Total Earned Income Before Taxes	\$	
(include all sources of income:		
wages/salary, social security,		
pension/retirement, unemployment,		
child support/alimony, etc.)		

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Please explain your need for financial assistance for 4-H Camp. Include any additional information you feel like we should know when making our determination for financial assistance (ex. Loss of job, illness, change in marital status, etc.) Use a separate sheet of paper if necessary.

The Virginia Cooperative Extension Office in James City County establishes camp financial assistance guidelines using the USDA eligibility guidelines for free and reduced school lunches. Each application is reviewed on its own merit and approved or denied based on information provided. All information in the application is kept confidential and destroyed once a determination is made.

I affirm, to the best of my knowledge, that the information I have submitted to determine my level of financial assistance is true and complete. I approve of my child's participation in 4-H Camp and will see that she/he attends if funds are allotted for her/him. If she/he cannot attend, I will notify James City County 4-H immediately so that someone else may receive funding.

Signature of Parent/guardian: _____

Date:

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