

FOUR WINDS * WESTWARD HO 2018 FINANCIAL AID REQUEST FORM

(Confidential)

Thank you for your application for financial aid. The amount of assistance available is limited and, unfortunately, we are not able to help all families who apply. The award amount granted is based on your financial need and we encourage our applicants to stretch when identifying your family's contribution to tuition. Many will be eligible for partial financial aid awards, and some for full financial aid. Besides income, we also consider your household size, the cost of living in your area, and your individual circumstances. Helping us understand those circumstances will allow us to make better decisions for your award. Applicants with prior Four Winds * Westward Ho experience are given additional consideration for financial assistance.

You will be responsible for the amount you wish your child to have in his/her store account and also responsible for getting your child to Seattle, Anacortes or Orcas Island.

This application and other supporting materials are due by February 1st. We keep this information strictly confidential. You will be notified if your family qualifies and the amount of financial aid we can offer by April 1. Please be sure to call us at Camp (360) 376-2277 if you have any questions about this form.

We are only able to consider complete applications.

1. APPLICANT INFORMATION

Child's Name: _____	Current Age: _____
School: _____	Grade (Sept 2018): _____
School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private	If in a private school, do you receive financial aid? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ out of yearly tuition of _____
	<small>(aid you receive) (yearly tuition)</small>

2. LEVEL OF FINANCIAL AID

Can an extended family member contribute to your child's camp tuition?	<input type="checkbox"/> No <input type="checkbox"/> Yes, they can contribute: _____ <small>(amount of contribution)</small>
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Considering all your possible tuition funding sources (including family contributions), please select the level of financial aid you are requesting from Four Winds * Westward Ho:

	Full Session	CT Program	Junior Session
Full Award	<input type="checkbox"/> \$5,600	<input type="checkbox"/> \$2,800	<input type="checkbox"/> \$1,350
2/3 Award	<input type="checkbox"/> \$3,734 (you pay \$1,866)		
1/2 Award	<input type="checkbox"/> \$2,800 (you pay \$2,800)	<input type="checkbox"/> \$1,400 (you pay \$1,400)	<input type="checkbox"/> \$675 (you pay \$675)
1/3 Award	<input type="checkbox"/> \$1,866 (you pay \$3,734)		
<input type="checkbox"/> Other – The amount you can pay is \$ _____			

3. PARENT / GUARDIAN CONTACT INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name: _____	Name: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Mobile Phone: _____	Mobile Phone: _____
Home Phone: _____	Home Phone: _____
Email Address: _____	Email Address: _____
Occupation: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Occupation: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Employer: _____	Employer: _____
Number of people in household Adults: _____ Children: _____	Number of people in household Adults: _____ Children: _____
Camp Alumni in your family? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Camp Alumni in your family? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____
<i>(Alumni name & year(s), if known)</i>	<i>(Alumni name & year(s), if known)</i>

4. PARENT / GUARDIAN FINANCIAL INFORMATION

<u>ANNUAL</u> INCOME (Calendar Year 2017)	
Wages, Salaries & Tips	\$ _____
Child Support & Alimony	\$ _____
Income from business and/or rental property	\$ _____
Interest or investment income	\$ _____
Government assistance	\$ _____
Any other financial support received	\$ _____
TOTAL <u>ANNUAL</u> INCOME:	\$ _____

<u>ANNUAL</u> EXPENSES (Calendar Year 2017)	
Housing <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent _____ Monthly x 12=	\$ _____
Living expenses (food, utilities, insurance, gasoline, etc.) _____ Monthly x 12=	\$ _____
School tuition	\$ _____
Medical/Dental expenses	\$ _____
Debt payments (credit cards, car payments, etc.)	\$ _____
Other (describe) _____	\$ _____
TOTAL <u>ANNUAL</u> EXPENSES:	\$ _____
<u>ANNUAL</u> NET INCOME/LOSS: (INCOME - EXPENSES)	\$ _____

4. PARENT / GUARDIAN FINANCIAL INFORMATION (Continued)

BALANCE SHEET (ASSETS & DEBT)			VALUE / EQUITY (Column A)	DEBT / AMT OWED (Column B)
Checking & Savings accounts (Column A only)			\$	
Retirement accounts (Column A only)			\$	
Non-retirement investments (Column A only)			\$	
Home Market Value (if you own a home) - Column A & B if you have a mortgage - Column A only if you do not have a mortgage			\$	\$
Cars/Boats (list all below and use separate sheet if needed) - Column A & B if you owe on the car(s)/boat(s) - Column A only if owned without debt			\$	\$
Year	Make (e.g. Toyota, Ford)	Model (e.g. Camry, Escort)		
Other assets (Column A only, in most cases) If you own real estate in addition to your primary residence, list it here. If it has a mortgage on it, list it in Column B.			\$	\$
Debts (Column B only) Credit cards, student loans, medical bills, etc. *Vehicle and mortgage debt should be listed above, not here.				\$
TOTAL ASSETS (Column A)			\$	
TOTAL DEBT (Column B)				\$
NET ASSETS / LIABILITIES: (TOTAL ASSETS – TOTAL DEBT)				\$

5. DOCUMENTS

Please provide the following materials in support of your application

<input type="checkbox"/>	Your current W-2 Forms or other records of money earned
<input type="checkbox"/>	Your (and your spouse's, if you are married) most recent Federal Income Tax Return. <ul style="list-style-type: none"> • IRS 1040, 1040A, or 1040EZ, or • Foreign Tax Return
<input type="checkbox"/>	Recommendation Letter(s) <ul style="list-style-type: none"> • 3 for new Financial Aid applicants, or • 1 for returning Financial Aid recipients
<input type="checkbox"/>	A brief statement or essay from your child regarding why he/she wishes to attend Four Winds Camp (this is requested for new applicants and is optional for returning campers)

In some cases, we may ask for additional financial information, such as statements from banks, investment companies, retirement plans or mortgages companies. We will contact you if this is necessary.

6. ADDITIONAL QUESTIONS

Please be sure to **fully** complete this part of the application and attach additional sheets if more space is necessary.

How did you hear about Four Winds and why do you want your child to attend camp?

When the Financial Aid committee evaluates applicants, it tries to understand the full story of a family's financial picture. The numbers tell part of the story, but please use this space to describe your financial situation in your own words:

Please describe any extraordinary financial situations, either positive or negative (medical situations, divorce, windfalls, etc), that your family is currently facing. Do any of these situations indicate your need for financial aid is likely to change in future years? *(If your child is currently in 9th grade, you can skip the question about possible future need.)*

7. SIGNATURE OF ALL ADULTS WITH LEGAL CUSTODY OF APPLICANT

By signing below, I acknowledge that the above application fully and honestly discloses my financial position to the best of my abilities.

Parent / Guardian 1 _____ Date _____

Parent / Guardian 2 _____ Date _____

Thank you for your application.

All applications with supporting documentation are due by February 1, 2018.

PO Box 140 • Deer Harbor WA 98243
(360) 376-2277