Cradle Beach Summer Camp Financial Aid Assistance Form

Camper Last Name		First Name	
Birth date		Phone Number	
Street Address	City	State	Zip
Guardian Name		E-mail	

Our Financial Aid Process

Cradle Beach, Inc. is a nonprofit 501(c)3 organization dedicated to providing a summer camp experience for all children. Financial aid is awarded on household income, size, extenuating circumstances, and the availability of funds. It is on a first come first serve basis and is reviewed by our financial aid committee. ***Receipt of financial aid in the past does not guarantee future assistance.***

Eligibility Guidelines

1. Processing fee of $15 must be paid in full.
2. Applicant must meet the criteria to attend a session at Cradle Beach.
3. Summer camper application must be completed.
4. Applicant's primary residence must be in New York.
5. ***All required documents must be submitted with this application.***

Requirements to Apply

To fairly evaluate a camper's need we require specific information regarding your family's financial situation. Applications will not be reviewed until all required information is received. All information will be kept confidential.

1. Scholarship application must be filled out completely and signed.
2. Most recent tax return or two most recent pay stubs for all working adults in the household. ***Please do not send the original.***
3. Other income or aid. Current statement of award or denial of benefits for SNAP, Medicaid/ Medicare, TANF, SSI, SSA, etc.
4. Unemployed; submit state document of payment or denial.

Please share with us your need for financial assistance:

Parent/Guardian 1:

Last Name First Name

Home Phone Cell Phone Work Phone

E-mail

Employer Job Title Employment Status

Parent/Guardian 2:

Last Name First Name

Home Phone Cell Phone Work Phone

E-mail

Employer Job Title Employment Status

PLEASE list all members living in the household and their relationship to camper

Name: _____ Age: ____ Relationship: _____

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Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Camp Payment Information

I can contribute $_____

(PLEASE NOTE: It costs Cradle Beach $1,600 for all the necessities for each camper to stay 1 session.)

Have you received financial assistance in the past? ☐ **YES** ☐ **NO**

Terms of Agreement

I hereby state the information to be true and understand misrepresentation will result in denial or removal of assistance.

Signature Date

Print Name Relationship to Camper

Office Use Only		
Date Application was received in full		
Date Reviewed		
Applicant paid processing fee of $15	**Yes**	**No**
Applicant was award a scholarship	**Yes**	**No**
Scholarship amount awarded	$	
Scholarship Source		
Parent/Guardian notified of approval/denial		