

**Financial Aid Information form for Camp New Hope, Inc.**

Completion of this form is optional.

Camper's Name (First and Last): \_\_\_\_\_

Name of person completing this form (First and Last): \_\_\_\_\_

Contact phone number for person completing this form: \_\_\_\_\_

Number of people residing in the camper's household, including the camper. \_\_\_\_\_

Does the camper reside in a household that receives food stamps or TANF (Temporary Assistance to Needy Families)? Check one:

- NO
- YES, the TANF/Food Stamps case # is \_\_\_\_\_.

**If YES, there is no need to complete** the rest of the form- the camper is automatically eligible.



Do you know the total gross income of the household?

- NO
- YES, the total gross income of the household is \$\_\_\_\_\_ per year.  
**If YES, there is no need to complete** the rest of the form- you have provided enough information.

<b>If you answered NO to BOTH questions above, complete this section</b>					
1. Name (List everyone in household)	2. Gross income and how often it was received				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

Return this form to the Camp New Hope, Inc. office, PO Box 764, Mattoon, IL 61938