



INSTRUCTIONS FOR FINANCIAL AID/SCHOLARSHIP FOR FAMILY CAMP

CAREFULLY READ THROUGH & COMPLETE ALL PAGES

Dear Autism Society San Diego Financial Aid Applicant:

The Autism Society San Diego is committed to offering financial assistance to as many participants as possible. Funds are available due to the generosity of community supporters and grant funding. Assistance will be granted to the extent that funds are available. In an effort to serve our community, we require the completed financial aid form and all requested documents to ensure everyone receives the maximum amount of assistance.

1. You must be a member of the Autism Society San Diego and have submitted a registration form for Family Camp.

2. Applications are considered based on financial need and will be carefully reviewed by our financial aid committee.

3. Checklist of required documents.

- Application
- Copy of 1040 or 1040 EZ-(most recent filing)
- Copy of most recent pay stub(s)

You will be notified via email once your completed application has been processed. Incomplete paperwork results in a delay in processing your request.

4. This documentation is required. Please submit all information as it pertains to your household. Please return the application form and required documents to:

amy@autismsocietysandiego.org

Autism Society San Diego Financial Aid Application

Family Camp Financial Aid Application

Name: _____

Address: _____

Phone: _____ Email: _____

Siblings and/or extended relatives residing in home:

Are you a member of the Autism Society San Diego? YES _____ NO _____

Name of family member who is a current Autism Society SD member_____

What amount of Family Camp cost can you pay, if any? _____

BRIEFLY DESCRIBE FAMILY'S FINANCIAL SITUATION: family resources, including any public assistance received, why you need financial assistance & include any pertinent information to assist in determining eligibility. (attach additional page, if needed.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

How many are in your household that you are financially responsible for? _____

How many special needs family members live in your household? _____

► **What are your sources of income?** Please include all adults living in household, if person with autism is a minor.

• Employment: _____ Full time _____ Part time _____

• Government Benefits: SSI _____ SSDI _____ EDD _____ Retirement _____

Other: _____

► **Please send copies of the first two pages of your most recently filed 1040 or 1040A or one page of 1040EZ.** ☐ I am not required to file taxes

► **How much do you make per hour or per month?** Please include all adults living in household, if person with autism is a minor.

Income Earner #1 _____ Income Earner #2 _____

► **Please include a copy of most recent pay stubs for all income earners.**

All information received is held strictly confidential by the Autism Society San Diego. You are responsible for reading this entire application. By signing below, you are confirming that all information contained in this form and on all attachments is true, correct and complete. Additional information may be required following processing of your application.

Signature of Primary Applicant (YOU)

Date

Email completed application: amy@autismsocietysandiego.org

AUTISM SOCIETY OFFICE USE ONLY:

Date Received: _____ Date Reviewed: _____

Award Amount: _____ Camp Program Funded: _____

Approved By: _____