



CAMP ORCHARD HILL FINANCIAL AID APPLICATION

Camp Orchard Hill has been serving the community with excellent camp programming since 1972. It is a priority of our organization to provide a camp experience for every child, regardless of age, race, ethnicity, physical ability or socio-economic status. In keeping with that mission, we are thankful and pleased to provide financial assistance for children to attend Camp Orchard Hill. Funding for grants and scholarships is provided by generous donors and various community foundations. In order to qualify for such funding, please submit this Financial Aid Application, Registration Form and any applicable supporting documentation (see below for details).

Mail or Fax the completed packet to: **Camp Orchard Hill, 640 Orange Road, Dallas, PA 18612.**

GENERAL GUIDELINES:

1. Grants and scholarships will be considered separately. You can indicate your request below.
2. Camp Orchard Hill requests financial information to be sure that assistance goes to those most in need. Your information is reviewed only by our Executive Director and will be kept confidential.
3. Applications are approved on a first-come, first-served basis and must be submitted yearly. Please apply by June 15th or as soon as possible to ensure that funding is available.
4. Applications must be submitted with all required documentation. Incomplete applications cannot be processed. See check boxes below for a list of requirements. Please label all documents clearly with the first and last name of the applicant.
5. We do not offer free programs for scholarship recipients. A minimum contribution will be required.
6. Each scholarship applicant will be asked to determine the amount they can pay toward camp fees. Scholarships are intended to provide a camp experience for children who cannot otherwise attend camp. To allow as many as possible to attend, we do not allow scholarship recipients to sign up for extra paid activities. Any money that you can contribute should be used for camp fees.
7. Anyone receiving assistance who does not maintain their payments will not be eligible to reapply for a period of one full year.
8. Applicants should also make an appeal to their church or other supporting community organizations for financial assistance.

FINANCIAL ASSISTANCE APPLICATION FORM PAGE 1

Camper Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

ASSISTANCE REQUESTED:

Scholarship Assistance – Level of assistance will be based on financial need.

Documentation Required:

- o Completed Application (Pages 1, 2 and 3)
- o Applicable Day or Overnight Registration Form for each child
- o Page 1&2 of your most recent 1040 Tax Return or a copy of most recent income statement (Disability, Social Security or 2 most recent pay stubs.)

Autism Grant/Special Needs Grant – Assistance will be two weeks of camp registration.

Documentation Required:

- o Completed Application (Page 1 ONLY)
- o Applicable Registration Form for each child.
- o Agency providing TSS or Nursing Support: _____ Case Worker & Contact Info: _____

Downs Syndrome Grant – Assistance will be \$500 and is provided by The Luzerne County Downs Syndrome Network.

Documentation Required:

- o Completed Application (Page 1 ONLY)
- o Applicable Registration Form for each child.
- o Agency providing TSS or Nursing Support: _____ Case Worker & Contact Info: _____

Camp Orchard Hill

640 Orange Road Dallas, PA 18612

Phone: (570) 333-4098 Fax: (570) 333-4058

www.camporchardhill.com



CAMP ORCHARD HILL FINANCIAL AID APPLICATION PAGE 2
 (Please complete only when applying for scholarship assistance.)

SCHOLARSHIP APPLICATION QUESTIONS:

- Amount we can contribute towards camp \$ _____
- Amount Church or supporting community organization can contribute \$ _____

- Why are you applying for the Scholarship Program?

- Are you a single parent household? Yes No
- Do you work? Full-time Part-time Not at all
- Does your spouse work? Full-time Part-time Not at all
- Household income: _____ (Please include the first page of your Federal Income Tax 1040 Return)
- Please list other sources of income such as, but not limited to: child support, alimony, disability, Social Security, trust funds etc. and provide supporting documentation
 - Income Type: _____ Amount: \$ _____
 - Income Type: _____ Amount: \$ _____
- How many children are in your family? _____ Ages: _____

I have read the guidelines for the Scholarship and willingly comply according to the spirit of the Scholarship Program.

Signature: _____ Date: _____

Please return this completed application, registration form and supporting documents to:

Camp Orchard Hill
Attn: Jim Payne
640 Orange Road
Dallas, PA 18612

COH will keep all requests confidential and will contact you regarding your status.

Camp Orchard Hill
 640 Orange Road Dallas, PA 18612
 Phone: (570) 333-4098 Fax: (570) 333-4058
 www.camporchardhill.com



CAMP ORCHARD HILL FINANCIAL AID APPLICATION PAGE 3

(Please complete only when applying for scholarship assistance.)

To Parent/Guardian: Please allow each child to complete this page as a part of your application for financial assistance. We will accept age appropriate essays and sentences. Children, ages 4-6, can submit drawings and simple words.

To the Camper: Please write an essay about yourself and why you want to go to camp. This essay can include information about home, pictures, what you have enjoyed at camp in the past or learned at camp in the past. If this will be your first year, it can include what you imagine you will enjoy most at camp. You may use a separate sheet of paper if you are including a drawing or need additional space!

My name is: _____ My age: _____

The program I plan to attend at Camp Orchard Hill:

Day Camp Overnight Camp
