



LifeSeeds Summer Camp Financial Aid Request Form

Please complete and submit this financial aid request form for potential financial assistance for LifeSeeds Summer Camp.

How to Apply: Please submit the following:
1) Camp registration form
2) Deposit
3) Financial Aid Request Form

Mail above to: LifeSeeds Summer Camp, P.O. Box 167, Jenkintown, PA 19046

Parent's Name: _____ Select: M or F DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian E-mail: _____ Phone: () _____

List all persons in household:

| Name | Relationship | Age | M/F | School Attending |
|-------|--------------|-------|-------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Does your child qualify for free or reduced lunches at school? ___ Yes ___ No

Are there any special circumstances that may qualify your family for a scholarship?
(Medical conditions, life changing events, etc.)

Please list the session of camp in which you are requesting assistance: (circle) 1 2 3 4 5 6

How much do you feel that you can pay for the camp or program? \$_____ total \$_____ weekly

Return this form with a completed registration form for each camper. We will contact you as soon as possible.

Signature of Applicant

Date