



## Camp Sol of the Deaf, Inc

Location -3506 Palisade Avenue, Apt 2, Union City, NJ 07087

Videophone – 267-331-4308

Email – [csdnj2016@gmail.com](mailto:csdnj2016@gmail.com)

Website – [www.campsolofthedeaf.org](http://www.campsolofthedeaf.org)

### 2022 Camp Sol Campership Application

Camp Sol of the Deaf, Inc depends on participant fees and donations to provide our services. We are committed to serve people regardless of income, and we expect participants to pay a fee based on their financial ability. Upon review and verification of this application, Y scholarships may or may not be awarded.

#### Please Print or Type

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian (s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred phone number: \_\_\_ / \_\_\_ / \_\_\_

Employment Information of the Parent or Guardian (s):

- Employed Name of employer: \_\_\_\_\_
- Employed Name of employer: \_\_\_\_\_
- Not Employed: \_\_\_\_\_
- Monthly net income of all members of the household (to take-home): \_\_\_\_\_

Other source(s) of income: \_\_\_\_\_

SNAP / TANF number (if applicable): \_\_\_\_\_

#### Please provide the following information for all household members:

Name	Day of Birth	Relationship to camper	School (if applicable)

**INCOME: Please mark the appropriate answer and complete the amount yes. Your answer is yes.**

- |   |     |    |          |
|---|-----|----|----------|
| 1. Are you receiving help for dependent children? | Yes | No | \$ _____ |
| 2. Are you receiving food stamps?                 | Yes | No | \$ _____ |
| 3. Are you receiving Social Security Benefits?    | Yes | No | \$ _____ |
| 4. Are you receiving Veterans Benefits?           | Yes | No | \$ _____ |
| 5. Are you receiving child support?               | Yes | No | \$ _____ |
| 6. Are you receiving spousal support/alimony?     | Yes | No | \$ _____ |

- |   |     |    |          |
|---|-----|----|----------|
| 7. Are you employed?  | Yes | No | \$ _____ |
| 8. Does your spouse work?                                   | Yes | No | \$ _____ |
| 9. Are any of your minor children employed?                 | Yes | No | \$ _____ |
| 10. Are you or your spouse receiving unemployment benefits? | Yes | No | \$ _____ |

**INCOME: Please include copies of the following information to verify your income.**

**NOTE: Camp Sol of the Deaf, Inc will not make copies of originals**

- Copy of paycheck stubs for the last 2 months for all adults in the household
- Copy of most recent federal tax return
- Unemployment card and verification of payment stubs and payment statements
- Heels and AFDC verification statements

**EXPENSES: Please include the following documents to verify your expenses.**

**NOTE: Camp Sol of the Deaf, Inc will not make copies of originals**

- Electricity and Gas bills for the last 2 months
- Telephone bills for the last 2 months
- Rental receipts / mortgage for the last 2 months
- Groceries (food purchases) monthly estimated
- Payment receipts for car and car insurance
- School registration receipts
- Include other extraordinary expenses, including court and medical expenses
- \_\_\_\_\_
- \_\_\_\_\_

Please provide a brief description of why you need financial assistance. Include financial, family and medical information or other information relevant to your situation. Please attach another sheet if necessary.

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Amount that can pay \$ \_\_\_\_\_ per \_\_\_\_\_

We ask your child to write a letter or draw a picture on a separate sheet of paper and tell us why he would like to go to Camp Sol for the Deaf, Inc and attach it to this application.

**PLEASE READ THE FOLLOWING AND FIRM INFORMATION TO INDICATE YOUR UNDERSTANDING AND APPROVAL.**

*I hereby certify that the information provided in this document is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify Camp Sol of the Deaf, Inc in writing of any changes to the information provided on this application, such as income, address, housing arrangements, or other matters that may affect my eligibility for financial assistance. I understand that failure to comply with the Y & Camp policies may result in immediate revocation of scholarship privileges.*

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent of Legal Guardian**

\_\_\_\_\_  
**Date**

*In accordance with rules Y, the application will NOT be considered without documentation and verification of income and other required documentation. To verify income, IRS form 1040 and current employer status or public aid disclosure report is required. All financial information must be provided by each adult included in the application. Incomplete applications will delay the process. Completed applications are processed in the order received, until the program is complete, and / or the scholarship funds have been used up. Send the completed application and requested documents to: Camp Sol of the Deaf, Inc, 3506 Palisade Avenue, Apt 2, Union City, NJ 07087*