



LifeSeeds Summer Camp Financial Aid Request Form

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

HOW TO APPLY: Please submit the following:

- 1) Financial Aid Request Form
- 2) Camp registration form
- 3) Deposit

MAIL TO: LifeSeeds Summer Camp, P.O. Box 167, Jenkintown, PA 19046

Parent/Guardian Name: _____ Select: M or F DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian E-mail: _____ Ph #: (____) _____

List all persons in household:

Name	Relationship	Age	M/F	School Attending (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

Signature of Applicant

Date

We will contact you by e-mail, as soon as possible, with your financial aid package offer.