

### Campership Financial Needs Addendum

#### **Part I**

Recipient's Name \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County/City: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **EVIDENCE OF DOWN SYNDROME DIAGNOSIS WILL BE REQUIRED BEFORE CAMPERSHIP AWARD!!**

Please confirm:

- I am a person (or applying with on behalf of a person) with Down syndrome

#### **Part II**

##### **Financial Need Information (all information is kept confidential):**

Please follow steps for **EITHER A** or **B** below:

**A. Are you currently qualified for any or all of the following assistance programs (check all that apply; documentation is REQUIRED):**

- County School Free/Reduced-Price Meals, i.e. school lunch program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP), i.e. Food Stamps

**OR:**

**B. Please provide the following personal documents:**

- Front Page of your most recent IRS Form 1040 (or equivalent)
- Two most recent payroll check stubs
- Document explaining extraordinary financial circumstances

All applicants must demonstrate financial need. Redacted copies of these documents omitting Personally Identifiable Information will be accepted.

##### **All applicants must sign this statement:**

I hereby certify that the information contained in this application is correct. I understand that DSANV has the right to verify the information provided on this application and may require additional documentation or request a personal interview to verify this information or income eligibility. I understand if DSANV finds any information contained in this application to be false, it may revoke any funds bestowed as a result of this application. If I am approved for funding, I agree to turn in receipts for all approved expenses prior to funds disbursement by DSANV.

Signature of Applicant: \_\_\_\_\_

Parent/Guardian Signature if Applicant under 18: \_\_\_\_\_

**This Financial Needs Addendum must be attached to your Campership Application.**