



City of Sunny Isles Beach
 Cultural & Human Services Department
 18115 North Bay Road
 Sunny Isles Beach, Florida 33160
 (305) 792-1706
 (305) 792-1566 fax

Summer Camp '11 Financial Assistance Application Form

General Participant Information

Date: _____

Last Name		First Name	
Birth Date	Which camp are you enrolling your child in? (Financial Assistance will only be considered for our general day camps):	<input type="checkbox"/> Camp SIB Freshman/Sophomores <input type="checkbox"/> Camp SIB Juniors <input type="checkbox"/> Camp SIB Seniors <input type="checkbox"/> Sports Camps	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Check One

Parent Information

Mother's Name	Father's Name
Address	Address
City, State, Zip	City, State, Zip
Home Ph # ()	Home Ph # ()
Who has child custody: <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Both <input type="checkbox"/> Mother * <input type="checkbox"/> Father *	<input type="checkbox"/> Other *(explain) _____ *Must provide legal documentation if a parent has restricted parental rights.

Household Information:

Total household size:	# of adults: _____	# of children: _____
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Income Information: (total household income must be less than \$40,000 to be considered for assistance)

Mother's Occupation:	Employment Information: (Name, Address and Phone Number)	Mother's Annual Income:	
Father's Occupation:	Employment Information: (Name, Address and Phone Number)	Father's Annual Income:	
Do you receive:	<input type="checkbox"/> Medicaid * <input type="checkbox"/> Food Stamps * <input type="checkbox"/> Other governmental assistance *	In the amount of:	* Please provide verification with application.
Any addtl income:	<input type="checkbox"/> Child Support* <input type="checkbox"/> Alimony* <input type="checkbox"/> Social Security* <input type="checkbox"/> Disability*	In the amount of:	* Please provide verification with application.
Assets	Please provide the total amount of money the household has in assets? (count bank accounts, stocks, bonds, trust funds, tax sheltered accounts or credit union accounts)	In the amount of:	

Expenses: (copy of lease or mortgage payment statement may be requested)

Do you own or rent your home? <input type="checkbox"/> own <input type="checkbox"/> rent	Monthly payments:
Other unusual expenses (child support/alimony):	Amount:

I certify that all of the information herein is correct:

Print name:	Signature:	Date:
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Guidelines for Financial Aid Application (Summer Camp 2011)

You must return this application form, along with the requested documents below to the Cultural & Human Services office by April 30th. This form does not guarantee a reservation for your child in summer camp. You must also register your child (registration fee and 25% deposit of camp fees required) in order to hold a space for the summer. Please note that no award will be greater than 75% discount off fees and this does not cover registration fees, Specialty Camps, or Camp Tot-Lot.

Requirements

1. Must provide copy of child's birth certificate
2. Participant and at least one parent must be a full-time, year-round resident of Sunny Isles Beach.
 - Proof of residency requirements – Utility Bill from within the last three months (cable, phone, or electric)

OR

 - Copy of Lease AND a letter from condo management office verifying that parent and child reside in said unit.
3. Total Annual Household Income cannot exceed \$40,000.
 - Copy of 2010 Income Tax Return for both parents (if parents are divorced, must have income tax return for parent claiming child as dependent).
 - # in household will be calculated based on income tax return.
 - If parent is a business owner, we must receive a copy of your certified business financial statement. We must also receive a copy of Business Income Tax form, or if Business is Sole Proprietorship, we must receive a copy of Schedule C/C-EZ (Profit and Loss from Business) along with personal income tax return.
 - Copy of 4 most recent pay stubs
 - If you cannot provide 4 most recent pay stubs, then only alternative would be to provide proof of one or more of the following:
 - Medicaid
 - Food Stamps
 - Unemployment.
4. Please provide a letter/narrative explaining your family situation and why you are requesting this assistance.