

## 2018 KIDS FIRST PAYMENT INFORMATION

KIDS FIRST summer therapeutic recreation program

Option 1 - Pay camp fees (\$1,260.00) in full at time of registration

OR

Option 2 - Payment may be made in these installments\*:

- Deposit of \$60.00 due with registration NON-REFUNDABLE
- Installment 1 \$400.00 due July 2
- Installment 2 \$400.00 due July 16
- Installment 3 \$400.00 due July 30

**\*If you are making installments, payment must be made in the main office before dropping off your child on the day due. Your Child will not be able to attend camp unless installment is paid!**

Payment made be made by cash, check, Money Order, or by credit card through PayPal.

### **MHATC Let's Care for Our Community Campaign!**

Even a little bit makes a BIG DIFFERENCE.  
If you have extra, please give to another.

I want to help by donating \$ \_\_\_\_\_ in addition to my child's camp fees.

*Because we need each other.*

**YOUR CHILD IS NOT REGISTERED UNTIL THE \$60.00 PER CHILD DEPOSIT IS PAID AND YOU HAVE RECEIVED REGISTRATION CONFIRMATION FROM MELANIE LITTLE.**

**2018 Camp SCHOLARSHIP APPLICATION**

With the generous support from the United Way of Tompkins County, The Mental Health Association in Tompkins County can offer scholarships to those who demonstrate financial need.

To apply for a scholarship, you must complete this application and include a copy of a denial letter from TC-DSS or sign a **Release of Information** form that allows us to contact TC-DSS to make sure that you have been denied assistance for summer of 2018. If you don't have an open case with DSS please call them to complete the eligibility pre-screening. Contact Jackie Hoffman at 274-5219 or Robin Bakos at 274-5612.

Parent(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Mailing Address (if different from above):

\_\_\_\_\_

**List everyone who lives in your household:**

<b>First &amp; Last Name</b>	<b>Adult or Child</b>	<b>Age of Child</b>	<b>Is Scholarship is being requested?</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that this application does not guarantee that I will receive assistance. Replies will be sent via email/mail.

Please indicate whether you or anyone else who lives with you receives income from any of the following sources. **Proof of all income is required, as is a copy of last year's income tax return.**

Income Source	Who Receives it	How much	How often
Employment			
Unemployment			
Public Cash Assistance			
Food Stamps			
Housing Assistance Sec 8			
HEAP			
SSI/SSDI Benefit			
Workman's Compensation			
Retirement Benefits			
Veteran's Pension/Benefits			
Education Grants/Loans			
Alimony/Child Support			
Child Care Supplement			
Other (please explain)			
Other (please explain)			

For Office Use Only		
Total Camp fees	Scholarship Amount	Parent Fee
\$ _____	\$ _____	\$ _____
_____ Finance Director Signature	_____ Date	
_____ Executive Director Signature	_____ Date	

Monthly expenses (less assistance from other agencies):

Expense	Monthly Cost
Mortgage/Rent	
Electric	
Gas	
Water/Sewer	
Food	
Other (please explain)	
Other (please explain)	

Please explain any EXTENUATING circumstances you may be experiencing (i.e., death of a spouse, unexpected loss of employment, etc.)

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**Please provide all the following documents that apply to your situation: Copy of most recent tax return (If you do not have a copy of your recent tax return, you may obtain one by calling the IRS at 1-800-829-1040). Copy of two recent pay stubs for each working person, copy of social security or disability checks, copy of recent welfare benefits, food stamps, and/or section 8 housing letter, copy of unemployment benefits statement If you have no income, a letter from person(s) who provide your monthly living expenses. Documentation of any special circumstances. If you do not provide these forms, your application process will be delayed until you can provide us with verification of income.**

I affirm to the best of my knowledge that the information I have provided is true and complete and I acknowledge that I must provide copies of all household income sources to cover the previous month, along with a copy of last year's income tax return.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We cannot complete the application process without the signature of an adult 18 years or older.

*The information you provide will be treated confidentially and will be used for the sole purpose of evaluating the need for a scholarship.*

**Please contact the Finance Director with any questions about camp fees and payment via email at ASill@mhaedu.org or by phone at 607 273-9250 and ask for Angie.**