



**Borough of West Chester
Parks and Recreation Department**

401 East Gay Street
West Chester, PA 19380

E-mail:

parksandrecreation@west-chester.com

Office: 610-436-9010 Fax: 610-436-0009



Dear Financial Aid Applicant:

Attached is the 2016 Financial Aid Application. We are delighted that you are registering your child for the 2016 West Chester Parks and Recreation Summer Camp. The West Chester Parks and Recreation Department strives to make the summer camp experience accessible and works to provide as much financial aid assistance we can.

In order to be considered for the 2016 Summer Camp Financial Aid, you must fully complete & return the enclosed application and the 2016 Summer Camp Registration Form, along with ALL of the following documents:

- Photo copy of Drivers License or Photo ID
- Photo copy of W2 Forms
- Photo copy of two most recent Pay Stubs

The application deadline for Financial Aid is May 16, 2016. Applications may continue to be processed after the deadline, but we cannot ensure a timely response, nor guarantee the availability of funds. This application is a confidential financial statement. Complete the application as accurately as possible, to avoid delay in processing.

Please submit your fully completed Summer Camp Registration forms, along with this Financial Aid form. **Please note**, if you are applying for Financial Aid, and your child is in the 5-10 year old age bracket, you cannot apply for any camp higher than the "B" level camp.

Thank you for your interest in the West Chester Parks and Recreation Summer Camp. If you have any questions, about the financial aid process and policies, please contact us at 610-436-9010.

Sincerely,

Keith Kurowski
Director
Borough of West Chester
Parks and Recreation Department



West Chester Parks and Recreation Department 2016 Financial Aid Application

PLEASE PRINT ALL INFORMATION.

All information is confidential. Financial Aid is limited. Please provide all requested information.
Financial Aid is available to residents of the Borough of West Chester first and non-residents second if funds allow.

Child's Name: _____ Gender: Male Female
(Please Circle)

Birth Date: _____ Age: _____ School: _____ Grade: _____

Camp Location: Hoopes Park (5-10Yr Olds) Everhart Park (5-10Yr Olds)
(Please Check) Camp BIG (11-14Yr Olds) Session 1 Camp BIG Session 2 Camp BIG BOTH

PARENT/GUARDIAN A

Name: _____ Drivers License Number: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Employment: ___ Full Time Employed ___ Part Time Employed ___ Self Employed ___ Unemployed
(Please Check)

Employer Name: _____

Address: _____
Street City State Zip

****IF UNEMPLOYED, YOU MUST SUBMIT DOCUMENTATION, WITH YOUR APPLICATION****

PARENT/GUARDIAN B

Name: _____ Drivers License Number: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Employment: ___ Full Time Employed ___ Part Time Employed ___ Self Employed ___ Unemployed
(Please Check)

Employer Name: _____

Address: _____
Street City State Zip

