



museum of science and nature

Camp Financial Assistance Application

Eligibility for camp financial assistance: (1) Camper lives greater Worcester community. (2) Campers are registered for camp and have paid the \$75 deposit. (3) Family demonstrates financial need by providing a fully completed financial assistance application including supporting documents. (4) Family pays any balance remaining after amount awarded is deducted from the camp fee. (5) All financial assistance awardees respond to post-camp survey.

Award determination: Financial assistance is not guaranteed. Award amount is determined based on the availability of funds and eligibility per the completed application. Partial awards will be offered. Pre-season financial assistance awards are limited to one camp session per camper. If the camper is unable to attend camp due to insufficient award amount, the \$75 deposit will be refunded.

Timeline and notification: Requests for financial assistance are reviewed on a rolling basis throughout the registration period, dependent on availability of funds. Notifications are sent to the email address provided within 30 days of receiving a completed financial assistance application including supporting documents.

To apply: Complete one financial assistance application per camper. Submit your completed financial assistance application with supporting documentation to campdirector@ecotarium.org. All information is confidential. Please email campdirector@ecotarium.org or call (508) 929-2721 with any questions, or to request and arrange for any accommodations necessary to complete this application. Email correspondence is preferred if available.

Applicant Information

Camper Name:	_____			Application Date:	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Primary Guardian Name:	_____				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Mailing Address:	_____				
	<i>Street Address</i>			<i>Apartment/Unit #</i>	

	<i>City</i>		<i>State</i>	<i>ZIP Code</i>	
Phone:	_____		Email:	_____	

Notification of award allocations will be sent initially to this email address. Phone calls will be made as needed.

Financial Information

Note: You must attach a copy of the first page of your latest federal tax return (1040, 1040A, 1040EZ) or other formal documentation of annual income for financial assistance consideration. Please black out social security numbers. All supplemental forms will be shredded after the financial assistance application process.

Total household income, including unemployment insurance, alimony, child support, social security, disability, assistance, etc. \$ _____

In previous seasons, has your camper received financial assistance for EcoTarium camp? YES NO If yes, for which year(s)? _____

How many individuals (including yourself) are members of your household? _____

Please list any specific unique family expenses (medical, disability, etc.) at or above \$4,500 annually and detail below. If needed, you may attach an additional page to this application.

Expense	Description	Annual financial impact
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Financial Need

- A) Cost of chosen camp session: \$ _____
- B) Amount already paid (minimum \$75 deposit): \$ _____
- C) Additional amount you are able to pay: \$ _____
- D) Amount funded from external sources: \$ _____
- E) Total amount funded (B + C + D): \$ _____

Financial assistance award request (A - E): \$ _____

Do you require additional financial assistance towards transportation costs (i.e. fuel, public transportation, taxi, rideshare service)? If yes, please provide estimated transportation cost associated with one week of camp.

YES NO

Estimated cost: \$ _____

Program Information

You may apply for financial assistance for only one session of camp per child. Please ensure that you have registered in CampDoc for at least one session (\$75 deposit required) before submitting your financial assistance application.

Registered camp start date: _____

Camper date of birth: _____

Depending on fund availability and demand for financial assistance, financial assistance for additional camp sessions may be available. Would you like to be contacted if there are financial assistance opportunities for additional camp sessions? Note: to be eligible for additional funding, you do not need to pre-register for camp sessions beyond the one registered session covered by this application.

YES NO

Disclaimer and Signature

I have reviewed and understand the financial assistance application requirements and process as described in this document. I certify that all information provided in this application and associated documentation is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Processing Use Only (Please do not fill in any of the fields below)

Assistance eligibility: _____	Fund: _____
Award Amount: _____	Approved: _____
	<div style="display: flex; justify-content: space-between;"> Signature Date </div>