



CIRCUS CENTER
SAN FRANCISCO

2019 Summer Camp Financial Aid Application

DEADLINE FOR APPLICATION: FEBRUARY 15, 2019

Please complete the entire form, sign and date it. ALL INFORMATION IS CONFIDENTIAL. Completion of this application does not guarantee approval. Please allow two weeks after the deadline for processing.

Parent Information

First Name	Last Name	Do you receive/earn income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
City	State	Zip
Email	Cell	Home

Other Parent Information (if applicable)

First Name	Last Name	Do you receive/earn income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
City	State	Zip
Email	Cell	Home

Student(s) Information

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Household Income

PLEASE ATTACH PHOTOCOPIES OF APPROPRIATE QUALIFYING DOCUMENTS:

1. Your most recent federal tax return (tax year 2017 or 2018)

If a recent tax return is not available, please contact us for additional ways to verify household income.
Applications without verified household income cannot be considered.

Please detail your assistance income:

Unemployment: \$ _____ Social Security (SSI): \$ _____
Disability: \$ _____ Child Support/Alimony: \$ _____
Pension/Retirement: \$ _____ Other: \$ _____

Are there any other factors that you would like us to consider in evaluating you need? (Please attach another piece of paper if you need more space)

Financial assistance expires each year. Supporting documents will not be returned, no originals will be accepted.

Authentication Statement

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time payments are required to receive financial assistance. I understand that I am subject to all Circus Center policies and codes of conduct.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

CIRCUS CENTER financial assistance is made available through donations, grants and earned income.

FOR STAFF USE ONLY:

Received By _____	Date Received _____
Reviewed By _____	Date Reviewed _____
Student(s) Program _____	Financial Aid Determination _____

