



ROSIE'S GIRLS®

FINANCIAL AID APPLICATION

Financial aid is available on a limited basis. The amount provided is determined by family need and the amount of aid remaining at the time Vermont Works for Women receives your application.

Camp session being applied for: _____ Essex (June 23 – July 11, 2008)
_____ Barre (July 21 – August 8, 2008)

Name of Camper: _____

Name of Parent/Guardian _____

Please answer all questions on this form. This helps us grant financial aid quickly and fairly. If you have questions, please call Vermont Works for Women at 800-639-1472 ext. 105. Thank you!

1. Does your child receive free or reduced lunch at her school? No ___ Yes: Free lunch ___ Yes: Reduced lunch ___

2. Do you receive support from the Department of Children & Families, Economic Services Division (PATH)?
This includes Food Stamps and TANF support. No ___ Yes: Food Stamps ___ Yes: Reach Up ___

3. What is your monthly household income? \$ _____

4. How many household members are dependent on this income? # _____

5. How many of these household members are under 18? # _____

6. Please check all that apply:

- One or more family members have a disability or have been ill
- One or more adults is unemployed or under-employed
- Financial difficulty related to divorce or separation
- One or more adults is a college student or studying for a GED
- Debt payments that are difficult to meet
- Mortgage is more than 30% of income
- Credit card payments
- Student loan debt
- We cannot afford the tuition without help

7. Is there anything else you would like us to know in determining financial assistance?

Applying as early as you can is helpful. Please call us if you have any questions about your application.

What is the **maximum** you feel you could pay towards the total fee of \$725? **Although we cannot guarantee financial assistance will equal your request, you must answer this question in order for us to process your financial aid application.** \$ _____

We ask for a deposit of \$100.00 when you submit your application. If you are unable to pay the full \$100, please circle what you can afford to pay as a deposit. Please circle one: \$10 \$25 \$50 Other _____

You must include your deposit when you submit your application form. Please make checks out to **Vermont Works For Women.**

Parent/Guardian Signature _____

Date _____

All information on this form will be kept confidential and will be used solely to determine financial aid award.