



Fleur de Lis Camp
120 Howeville Road
Fitzwilliam, NH 03447
www.fleurdeliscamp.org
603.585.7751

Fleur de Lis Camp
**TUITION ASSISTANCE APPLICATION
CONFIDENTIAL**

Mail to: 120 Howeville Road, Fitzwilliam, NH 03447

The information you provide will be kept confidential; only the tuition assistance committee will see it. Please complete a separate application for each child by March 1; award notices will be made until award funds are depleted. Please attach copies of W2s, form 1040, all schedules, and all required information below for the current year. If parents are divorced, separated or never married, both parents should complete this form and submit documents for the application to be considered complete. If taxes are not complete by March 1, please send the previous year's details and the current year's documents can be submitted upon completion; the award is subject to change if the financial situation is different than the previous year.

PART I: APPLICANT INFORMATION

Camper's Name _____
Date of Birth _____ **Grade Entering in the Fall** _____

Check your session of preference:

_____ 4 Weeks
_____ 3 Weeks
_____ 7 Weeks
_____ 5 Weeks
_____ CT Program
_____ 2 Weeks I
_____ 2 Weeks II (JUNIORS ONLY)
_____ 2 Weeks III

Camper Attended FdL Last Year: YES NO
Applied for Tuition Assistance Last Year: YES NO
Received Tuition Assistance Last Year: YES NO Amount Received \$ _____

Name of Parent/Guardian (1) _____
Home Address _____
E-mail Address _____
Telephone Numbers (h/w/c) _____
Occupation, Position & Present Employer _____

Name of Parent/Guardian (2) _____
Home Address _____
E-mail Address _____
Telephone Numbers (h/w/c) _____
Occupation, Position & Present Employer _____

If either parent/guardian is unemployed, please give the most recent position, employer, and dates of employment: _____

CAMPER NAME _____

Check All that Apply:

- ___ A Parent is Deceased
- ___ Parents Married
- ___ Parent Unable to Work

- ___ Parents Divorced**
 - ___ Parents Separated**
- **please include forms for each parent

- ___ A Parent Has No Custody
- ___ Parent FdL Alumnae

PART II: PARENTS' INCOME & EXPENSES

Please attach all copies of W2s, current form 1040, and all schedules.

Parents Annual Income & Expenses (per attached tax return)

- 1. Salaries and Wages of Parent/Guardian (1)..... \$ _____
- 2. Salaries and Wages of Parent/Guardian (2)..... \$ _____
- 3. Taxable Dividends and/or Interest Income from 1099 Statements \$ _____
- 4. Alimony \$ _____
- 5. Net Profit/Loss from Business and/or Farm..... \$ _____
- 6. Other Taxable Income* \$ _____
- 6b. Business Assets \$ _____ Liabilities \$ _____ Ownership _____ %
- 7. **TOTAL TAXABLE INCOME (lines 1-6)** \$ _____
- 8. Nontaxable Income (Social Security, Child Support) \$ _____
- 9. **TOTAL INCOME (lines 7-9)** \$ _____

*Pensions, Annuities, Rent Royalties, Estates or Trusts, Household Expenses paid by Separated or Divorced Spouse in Lieu of Alimony, Unemployment Compensation, Capital Gains, etc.

PART III: ASSETS & LIABILITIES

Home (if owned; rented facilities listed in PART IV)

Year Purchased _____ Current Assessed Value \$ _____
 Annual Payment \$ _____ Outstanding Mortgage \$ _____
 Purchase Price \$ _____

Second Mortgage YES NO

Year of 2nd Mortgage _____ Current Assessed Value \$ _____
 Annual Payment \$ _____ Outstanding Mortgage \$ _____

Other Real Estate Owned YES NO

Year Acquired _____ Current Assessed Value \$ _____
 Annual Payment \$ _____ Outstanding Mortgage \$ _____

Total of Parents' Bank Accounts & Other Investments at Market Value \$ _____
 Child's Own Assets (Including Trust Funds, Inheritance, Annuities) \$ _____
 Consumer Debt (Credit Cards) \$ _____

PART IV: FAMILY EXPENSES & ADDITIONAL INFORMATION

Annual Rent (non-owned property) on Family Residence Last Year \$ _____
 Annual Rent (non-owned property) on Family Residence This Year \$ _____
 Annual Rent (non-owned property) on Other Real Estate..... \$ _____
 Annual Cost of Car Loans/Leases \$ _____
 Annual Cost of Vacations \$ _____
 Annual Cost of Lessons & Other Social/Recreational Activities \$ _____
 Annual Cost of Additional Summer Activities \$ _____

Please List _____

CAMPER NAME _____

Please Provide Information of all Dependent Children

Name	Age	School	Tuition Cost	% You Pay
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

How much can your family afford to spend on summer camp for your child? \$ _____

How much tuition assistance is being requested from Fleur de Lis? \$ _____

From what sources will the balance of the camp tuition be paid? _____

Is there any additional information that you consider relevant for the committee to consider?

PART V: AFFIRMATION OF COMPLETE & TRUTHFUL INFORMATION

I declare that all information reported on this form, to the best of my knowledge and belief, is correct, true, and complete. I have attached all copies of W2s, current form 1040, and all schedules; I understand failure to provide documents may result in a delay in processing or in the inability of the committee to make an award.

Signature of Parent/Guardian (1) Date

Signature of Parent/Guardian (2) Date

Fleur de Lis Camp wants to make camp available to as many girls as possible regardless of their ability to pay. This program is open to all girls regardless of race, religion, or socioeconomic background.