



# Tuition Assistance Application

## Confidential

120 Howeville Road  
 Fitzwilliam, NH 03447  
 www.fleurdeliscamp.org  
 603.585.7751

### Tuition Assistance Process

### Deadline

- Camper registers through website Open Enrollment
- Signed Tuition Assistance Application and supporting documents to be received by Feb. 20<sup>th</sup>  
 Must attach copies of W2's, 1040 and supporting schedules for the current tax year for all parents regardless of marital status. If current year 1040 is not available – you may submit prior year now and current year as available.
- Notification of Award sent to recipient by April 20th
- Recipient to accept or decline award by April 30th

### PART I: APPLICANT INFORMATION

Camper(s) Name:	Date of Birth:	Grade entering in the fall:	Preferred Session * (see below)	Last year camper attended FdL

#### \*Sessions Available:

Session I (June/July)	3.5 weeks	June 22 -July 15	Starter I (June/July)	2 weeks	June 22 - July 5
Session II (July/Aug)	3.5 weeks	July 17 - Aug 9	Starter II (July)	2 weeks	July 17 - July 30
5.5 Week (July)	5.5 weeks	June 22 – July 30	Starter III (July/Aug)	2 weeks	July 27 – Aug 9
5.5 Week (August)	5.5 weeks	July 2 – Aug 9	Try-it I (June)	1 week	June 22 – June 28
Full Summer	7 weeks	Jun 22 – Aug 9	Try-it II (July)	1 week	July 17 – June 23

**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 \_\_\_\_\_

Camper Name: \_\_\_\_\_



If either parent/guardian is unable to work or unemployed, please give the most recent position, employer, and dates of employment/inability to work: \_\_\_\_\_

Check All That Apply					
<input type="checkbox"/>	A Parent is deceased	<input type="checkbox"/>	Parent with no custody	<input type="checkbox"/>	Parents married
<input type="checkbox"/>	Parents divorced <sup>^</sup>	<input type="checkbox"/>	Parents separated <sup>^</sup>	<input type="checkbox"/>	Parent FdL alumnae
<input type="checkbox"/>	Parents never married	<input type="checkbox"/>		<input type="checkbox"/>	Other family alumnae

<sup>^</sup>please include forms for each parent

**PART II: PARENTS' INCOME & EXPENSES**

Please attach all copies of W2s, current form 1040, and all schedules for each parent. Please report on the current year, if your current year tax return is not available, you may complete form based on previous year, however, you must include the current year W2. Current year must be submitted when available and award may change based on current year information.

**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..... \$ \_\_\_\_\_  
Please list source: \_\_\_\_\_
- 4. Alimony ..... \$ \_\_\_\_\_
- 5. Net Profit/Loss from Business and/or Farm ..... \$ \_\_\_\_\_
- 6. Other Taxable Income\*\*(see below) ..... \$ \_\_\_\_\_  
6a. Please list source: \_\_\_\_\_
- 6b. Business Assets \$ \_\_\_\_\_ Liabilities \$ \_\_\_\_\_ Ownership \_\_\_\_\_ %
- 7. **TOTAL TAXABLE INCOME (lines 1-6)**..... \$ \_\_\_\_\_
- 8. Nontaxable Income (Social Security, Child Support) ..... \$ \_\_\_\_\_  
Please list source: \_\_\_\_\_
- 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**

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

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

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
Annual Payment \$ \_\_\_\_\_ Current Assessed Value \$ \_\_\_\_\_



Camper Name: \_\_\_\_\_



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

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

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?**

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**Mail application and supporting documents to:  
Fleur de Lis Camp | Attn: T.A. Committee | 120 Howeville Rd. Fitzwilliam, NH 03447**

**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.

**INCLUDE A COPY OF CURRENT TAX YEAR DOCUMENTS**

(If current year 1040 is not available – you may submit prior year now and current year as available. If parents are divorced, separated, or never married, both parents must complete this form and submit documents.)

\_\_\_\_\_  
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, color, ethnicity, gender identity, religion, national origin, disability, sexual orientation, age, or socioeconomic background.*



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Camper Name: \_\_\_\_\_