



Financial Aid Application

A limited amount of financial aid is available every year.

If you wish to be considered please complete this application and submit it to the DCH Main Office for summer camp, programs and pool or to the DCH Preschool Office for preschool financial aid.

Program Participant's Name: _____ Date of Birth: ____/____/____

Parent/Guardian's Names (if under 18): _____

Address: _____ Town: _____ State ____ Zip _____

Phone #: _____ E-Mail: _____ @ _____

of children in family: _____

Total GROSS (before taxes + deductions) household income last month: \$ _____

Total GROSS (before taxes + deductions) projected income this month: \$ _____

*****PLEASE PROVIDE TWO WEEKS/PAYROLLS OF PAYSTUBS*****

Which program are you seeking financial aid for? _____

If this application is for a child, what school does your child attend / will attend in the fall:

School Name: _____ Town: _____

If you are seeking aid for summer camp, how many weeks of camp do you require? _____

Please list any additional information about your circumstances that might be helpful in determining eligibility for financial aid.

*****Please submit your most recent tax return with this application*****

Signature: _____ Date: ____/____/____

Office Use Only:

Scholarship Granted _____ Denied _____ Amount Awarded: \$ _____