



**CIRCUS CENTER**  
SAN FRANCISCO

# 2017 Summer Camp Financial Aid Application

**DEADLINE FOR APPLICATION: MONDAY, APRIL 10, 2017**

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 2015 or 2016)

If you have not filed a federal tax return in either 2015 or 2016, please attach one of the following:

1. Paystubs from your current employer or a letter on company letterhead stating your monthly salary for the most recent two month period
2. Proof of continued full time enrollment status and proof of tuition payments
3. Any other stub or voucher received stating your monthly income for the most recent two month period.

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)

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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.

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Parent Signature

Date

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Parent Signature

Date

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

**FOR STAFF USE ONLY:**

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Received By

Date Received

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Reviewed By

Date Reviewed

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Student(s) Program

Financial Aid Determination