



**Newtown**  
COMMUNITY CENTER

## **SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION FORM 2024**

**DEADLINE FOR SUBMITTING APPLICATION: April 5th, 2024**

*This form is to request assistance for the following summer camp programs at the Newtown Community Center*

### **IMPORTANT INFORMATION:**

**Completing this form does not register your child for camp. You must complete a camp registration form and submit a deposit for each session to reserve a space.**

### **Important note regarding the process:**

Because scholarships are awarded after day camp registration begins, we reserve some spaces in camp for scholarship campers. If a child is registered for Day Camp prior to being awarded a scholarship, no scholarship and or credit will be offered. The reserved spaces for scholarship campers will fill-up quickly and scholarship dollars are awarded on a first come first serve basis.

### **How much will the scholarship cover?**

Depending on provided income documentation and household situations, families may be awarded anywhere from a 10% to 75% discount for camp programs. In order to make sure our funding can reach as many families as possible, we may limit the number of weeks a family can apply for with applicable funding. Scholarships can be provided for multiple children, please make sure all the children in your household looking to attend summer camp are listed on your application.

### GENERAL INFORMATION:

**Scholarship Applications are due by April 5th**

**Summer Camp Payment due upon the first week of camp unless other arrangements have been made**

Scholarships are available to assist families with limited financial resources who desire to send children to the Newtown Community Center (NCC). Since the funding is limited, awards will be made on the basis of the relative needs of the applicant. Please note: families that have received assistance in the past or that are currently receiving assistance for another NCC program, must reapply for summer camp funding each year. Once you have received your Scholarship Award letter you may then

### **INSTRUCTIONS:**

*A copy of last year's 1040 Income Tax return, W-2 form and two current pay stubs must be attached. The child for which you are requesting funds must be listed as a dependent on your income tax return. Incomplete forms will not be processed. Please write an explanation of need*

### Check Off Paperwork Attached:

☐ Completed Application (both sides)

☐ Proof of Income Attached  
(pay stubs, unemployment, SSI)

RETURN ATTACHED FORMS TO: Matt Ariniello at [Matthew.Ariniello@newtown-ct.gov](mailto:Matthew.Ariniello@newtown-ct.gov)



## Assistance Letter Request:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Child's Name:	Age:	Grade:
Child's Name:	Age:	Grade:
Child's Name:	Age:	Grade:
Child's Name:	Age:	Grade:

Parent/Guardian Info	Name:		E-mail:		
	Cell Phone:				
Street Address:		Town:		State:	Zip:

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Listed below are camp session dates and the camp names. Select the camp and check dates carefully as changes cannot be made once funding is awarded. Please mark an "X" for your weeks of camp needed for Summer 2023.

Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	
Week 10	

If you are applying for a specialty camp please name the camp and week you are applying for (limited availability):

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What financial contribution do you feel you can make towards your child's camp expenses?

\$ \_\_\_\_\_ per week.

Will you need Extended Care for Camp? \*

Yes

No

If yes, check care needed:

\_\_\_\_\_ Before Care \_\_\_\_\_ After

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FAMILY BACKGROUND INFORMATION:

Parent/Guardian (1):			
Street Address:	Town:	State:	Zip:
Home Phone:	Cell Phone:		
E-mail:			
Employment Status (Current): <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Full-time employed			
Place of Employment:			
Address:		Position:	

Parent/Guardian (2):			
Street Address:	Town:	State:	Zip:
Home Phone:	Cell Phone:		
E-mail:			
Employment Status (Current): <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Full-time employed			
Place of Employment:			
Address:		Position:	

FINANCIAL INFORMATION:

Total annual income last year from all sources: \$ \_\_\_\_\_

*A copy of last year's Income Tax return, W-2 form, two current pay stubs, unemployment or SSI stubs and proof of residency in one of the towns listed under general information must be attached. Incomplete forms will not be processed or considered for funding.*

Total annual income anticipated this year from all sources: \$ \_\_\_\_\_

Does your child qualify for reduced or free lunch in school? ☐ Yes ☐ No

Please attach a copy of any Custody Agreements or Financial Arrangements (if applicable).

I understand that incomplete applications will not be considered for financial assistance. I certify that the information provided on this application is complete and true.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

RETURN ALL FORMS TO: Newtown Community Center - 8 Simpson Street, Newtown, CT

RETURN ATTACHED FORMS TO: Matt Ariniello at [Matthew.Ariniello@newtown-ct.gov](mailto:Matthew.Ariniello@newtown-ct.gov)