



Financial Assistance Application & Procedures

Dear Families:

Thank you for your interest in Schuylkill Center programs! We aim to provide opportunities for children to engage in nature-based play and learning regardless of family income and circumstance. With this goal, we offer financial assistance to families who would like their children to participate in SCEE programs but can't afford our full program fees either because of their income and/or other financial hardships. Program fee reductions range between 10%-80% of the program fee and are determined on a sliding scale, based on income and financial hardships.

Application Process

Complete and submit the following materials:

1. Application form
2. Copy of the 1st page of your most recent 1040 form or a copy of W2s of all wage earners (over 18 years of age). We need documentation of your family income.

Application Deadline:

Please submit all materials to the Director of Education by the following deadlines, depending on the program:

Summer Camp: **April 5**

Processing

After the application period closes, we review the applications and determine fee reductions based on our sliding scale based on family income and other financial considerations.

Distribution

Once we have made reduction decisions, we will notify applicants of their discount and provide them with a coupon code that they can apply to their online registration account. The coupon code will reduce the program fee according to the % of fee reduction. We will notify applicants of their application status within 2 weeks of the application deadline.

If you need assistance in completing the application, please call us at (215) 482-7300 ext. 129 Monday-Friday between 8:00 AM – 5:00 PM.



Financial Assistance Application Form

Confidential

If you wish to be considered for financial assistance, please fill in this form **COMPLETELY** and send to Director of Education, 8480 Hagy's Mill Rd. Philadelphia, PA 19128 or gail@schuylkillcenter.org. Application must be post marked or emailed no later than April 5 for summer camps.

Name of participant: _____

Participant is under the custodial care of :(check one) both parents mother only father only guardian

Parent/Guardian's Name: _____

Mailing Address: _____
Street City/State Zip Code

Phone (Work): _____ Phone (Home): _____ Email: _____

Program Details:

Name of specific camp(s) for which you would like to register: _____

Number of children in your family whom you would like to enroll: _____

Please outline the program schedule you are considering (# of camp weeks): _____

Are you flexible with your plans/schedule? Yes No

Income: you must provide proof of family income

Number of wage earners responsible for the child _____ How many people are in your family? _____

What is your expected family income* this year? _____; last year? _____

**If you are divorced, please include both parents income as "family income"*

Financial Hardship: Please describe any financial hardships that impact your family's expendable income

Certification:

I certify that the above information is true and complete as of the date of this application for a program fee reduction.

Signature of Applicant: _____ Date: _____