



Fleur de Lis Camp
120 Howeville Road
Fitzwilliam, NH 03447
www.fleurdeliscamp.org
603.585.7751

Fleur de Lis Camp
TUITION ASSISTANCE APPLICATION
CONFIDENTIAL

Mail to: Fleur de Lis Camp 120 Howeville Road, Fitzwilliam, NH 03447

The information you provide will be kept confidential; only the tuition assistance committee will see it.

A separate application for each child must be received by March 15. Awards will be made by April 1, with family acceptance confirmation by April 15. Please attach copies of W2s, form 1040, all schedules for the current tax year; **applications without current tax year documents will be considered incomplete** and will not be considered for an award. If parents are divorced, separated or never married, both parents must complete this form and submit documents for the application to be considered complete by March 15.

PART I: APPLICANT INFORMATION

Camper's Name _____
Date of Birth _____ **Grade Entering in the Fall** _____

Check your session of preference:

____ 4 Weeks ____ 7 Weeks ____ 2 Weeks I
____ 3 Weeks ____ CT Program ____ 2 Weeks II (JUNIORS ONLY)
____ 5 Weeks ____ 2 Weeks III

Camper Attended FdL Last Year: YES NO
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 _____

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:

____ A Parent is Deceased ____ Parent With No Custody
____ Parents Married ____ Parents Divorced** ____ Parent FdL Alumnae
____ Parents Never Married** ____ Parents Separated**

**please include forms for each parent

CAMPER NAME _____

PART II: PARENTS' INCOME & EXPENSES

Please attach all copies of W2s, current form 1040, and all schedules for each parent.

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* \$ _____
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 _____ Current Assessed Value \$ _____
- Annual Payment \$ _____ Outstanding Mortgage \$ _____
- Purchase Price \$ _____

Second Mortgage YES NO

- Year of 2nd Mortgage _____ Current Assessed Value \$ _____
- Annual Payment \$ _____ Outstanding Mortgage \$ _____

Other Real Estate Owned YES NO

- Year Acquired _____ Current Assessed Value \$ _____
- Annual Payment \$ _____ Outstanding Mortgage \$ _____

PART IV: FAMILY EXPENSES & ADDITIONAL INFORMATION

- Annual Rent (non-owned property) on Family Residence Last Year \$ _____
- Annual Rent (non-owned property) on Family Residence This Year \$ _____
- Annual Rent (non-owned property) on Other Real Estate..... \$ _____
- Annual Cost of Car Loans/Leases \$ _____
- Annual Cost of Vacations \$ _____
- Annual Cost of Lessons & Other Social/Recreational Activities \$ _____
- Annual Cost of Additional Summer Activities \$ _____
- Please List _____

Other Financial Notes _____

CAMPER NAME _____

Please Provide Information of all Dependent Children

Name	Age	School	Tuition Cost	% You Pay
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

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

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

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?

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 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