



Financial Aid Instructions 2024

The Camp Neveda Foundation truly appreciates the charitable support of the many donors whose contributions make it possible to offer camperships to needy families each summer. For these campers, a stay at Camp Neveda would not be possible without financial assistance.

IMPORTANT INFORMATION FOR APPLICANTS:

1. In order for us to process your application in a timely manner, please be sure to write an answer for each question. If a certain question does not apply to you, please enter N/A (not applicable) so we know you did not skip a question.
2. The information that you provide will be checked and we may ask you to send additional information.
3. Please make sure to enclose the **first two pages** of your entire household's completed Federal Income tax forms for the year 2023. Where applicable, return additional documentation with your application (ex. SSI, social security, child support, alimony, TANF, SNAP, Medicaid/Charity Care card, other proof of receiving social services assistance, etc.) to prevent delays in processing. If not provided this will delay review of your application.
4. Campership eligibility is based on a number of factors including the USDA Family Size/Income Scales used for Free Meals at school. Campership awards can be granted for between 10% and 100% of camper fees.
5. Campership Applications are reviewed by a committee. Letters of determination informing you of any campership award, or ineligibility, are issued on a rolling basis.
6. If, after receiving your letter of determination, you feel that you still cannot afford the determined fee, you may write a letter of appeal (to Bill Vierbuchen, Executive Director) requesting special consideration. You must include a detailed list of your monthly income and expenses.
7. If there are extenuating circumstances, we encourage families to attach a letter to this application. We will take your situation into consideration in determining whether to award a Campership and the amount of the award.

Please complete the application and submit as soon as possible. All financial information you provide is confidential. Should you require additional assistance, or have any questions or concerns, please contact Barbara Benyo at the camp office, 973-383-2611 x221 or email barbara@campnejeda.org.

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156
Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org

Camp Neveda Session
You have registered for: _____



2024 FINANCIAL AID APPLICATION

Camper's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ County _____

Parent/Guardian completing application _____

Address _____

City _____ State _____ Zip Code _____

Email address: _____

Camper lives with Both Parents Single Parent Relative Foster Family
 Other _____

Total number of people in household _____

How much of the full camp fee does your family expect to be able to pay? _____

Type of Income:	Acceptable Proof of Income Documentation	Amount of Gross Income for 2023
1. Annual Earnings & Wages	First two pages of 2023 tax return (camper must be listed as a dependent)	\$
2. Annual Child support and/or alimony	Court order papers for child support and/or alimony	\$
3. Annual Social Security, retirement, government support	Letter from U.S. Government detailing social security or government support, or 2023 retirement income document	\$
		Total Income: \$

DCF (formerly DYFS) - Fill out section below if child is currently working with a caseworker. Many agencies will assist with payment.

Case worker's name _____

County agency and phone number _____

What is the best time and phone number to call to review your financial aid application?

Time _____ **Phone Number** _____

If you have extenuating circumstances, you would like us to know when considering your application, please include it either on a separate piece of paper or email it to barbara@campnejeda.org.

I certify that all of the information included on this application is true and correct and that all income is reported. I understand that this information is being given for the possibility of financial aid from the Camp Neveda Foundation. Program officials may verify the information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Parent/Guardian completing application _____

Date _____