



Camp Marcella Financial Aid

P.O. Box 85

East Rutherford, NJ 07073

Registration@CampMarcella.org

973-627-1113

Camper Last Name		First Name	
_____		_____	
_____ () _____ - / / _____		_____ / _____	
Date of Submission	Phone	Birthdate	
_____		_____	
Street Address		City	State
_____		_____	NJ
_____		Zip	
_____		_____	
Guardian Name		E-Mail	
_____		_____	

Our Financial Aide Process

The New Jersey Camp for Blind Children Inc/Camp Marcella is a nonprofit 501(c)3 organization dedicated to providing a summer camp for all children. To afford campers with physical, cognitive, or developmental challenges the opportunity to engage in traditional camp programming. Adapt activities to meet the needs of each camper. Provide social activities for campers to network and make friends to help them through life's challenges. Financial Aid is awarded on household income, size, extenuating circumstances, the availability of funds is on a first come first serve basis and is reviewed by our financial aid committee.

Eligibility Guidelines

1. Applicant must meet the criteria to attend a Camp Marcella session;
2. Applicant's primary residence must be in New Jersey;
3. All required documents must be submitted with this application.

Requirements to Apply

To fairly evaluate a camper's needs we require specific information regarding your family's financial situation. Applications will not be reviewed until all required information is received. All information will be kept confidential.

- 1) Application pages 1-3 filled out and signed.
- 2) Most recent tax return, all pages. If married and filing separately both tax returns must be submitted.
- 3) Dependent claimed by other parent: If camper resides with you but claimed by another parent, attach his/her tax return with divorce decree, along with proof of children who reside with you.
- 4) Dependent to be considered must appear on your tax return.
- 5) W2s, all that support the tax returns submitted.
- 6) If a tax return was not filed, submit a Verification of Non-Filing from the IRS. The verification is available by submitting IRS Form 4506-T which is available online.
- 7) Two most recent paystubs for all working adults in the household.
- 8) Self Employed: Parents or Guardians must submit the latest business and personal federal income tax return.
- 9) Other income or Aid. Current statement of award or denial of benefits for alimony, child support, childcare subsidy, NJCK, Food Stamps, Medicaid/Medicare, Section 8 Housing TANF, SSI, SSA etc.
- 10) Foster Care of Legal Guardian; Provide supporting documents for guardianship of camper.
- 11) Unemployed; submit state documents of payment or denial.



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Please share with us your need for financial assistance:

Parent/Guardian Information

_____		M _____	F _____
Last Name	First Name	Gender	
(_____) _____ -	(_____) _____ -	(_____) _____ -	
Home Phone	Cell	Work Phone	
Street Address	City	State	Zip

E-Mail _____

Employer	Position Held	Employment Dates
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Employer's Address	City	State	Zip
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Spouse/Domestic Partner Information

_____		M _____	F _____
Last Name	First Name	Gender	
-(____)_____	-(____)_____	-(____)_____	
Home Phone	Cell	Work Phone	
_____		NJ _____	_____
Street Address	City	State	Zip

E-Mail			

Employer	Position Held	Employment Dates	

Employer's Address	City	State	Zip

Marital Status: Single Married Domestic Partnership Divorced Widowed

List all adults and dependents in the household

First Name	Last Name	Birthdate	Relationship to Applicant
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____



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Camp Payment Information

I can contribute \$ _____

(Please list dollar amount) towards Camp Tuition of \$1,500 per session)

I will obtain a sponsorship for my camper in the amount of \$ _____

(Please list dollar amount) towards Camp Tuition of \$1,500 per session)

Terms of Agreement

I hereby state the information to be true and understand misrepresentation will result in denial or removal of assistance.

Signature _____

Date _____

Print Name _____

Office Use Only

Date application was received in full _____/_____/_____

A full application includes all materials listed on page 1

Date Reviewed by FA Committee _____/_____/_____

Applicant meets all requirements Y N

Applicant is currently registered for camp Y N

Session/s applicant is registered to attend _____

Applicant paid \$50 deposit fee Y N

Applicant has received donation(s) from other sources Y N

Applicant has funding from other source Y N

If Yes from where _____

Applicant is award Financial Aide Y N

Amount Awarded by FA Committee based on this Application _____

Date Awarded or Denied _____/_____/_____

Parent was notified of approval or denial by *(Initials)* _____ on _____/_____/_____