



Payment Assistance Request Summer 2018

CAMPER NAME(S) – if you are requesting for more than one child, write all names here:

SESSION(S) – If your child(ren) is schedule to attend more than one session, list all sessions here:

Which type of session? 5-Day Session (\$395) 12-Day Session (\$610)

\$80 down payment made per child: Yes No

Which of these statements best describes your request?

- I need a **payment plan only**. I will pay the advertised cost for my camper's session, but I need to spread the payments out. (*Section A*)
- I need a **scholarship only**. Once I am approved for a reduced rate, I will pay the balance in full immediately. (*Section B*)
- I need a **scholarship and a payment plan**. Once I am approved for a reduced rate, I will spread out the payments to pay the adjusted balance. (*Section C*)

Instructions: You only need to read and complete the section that corresponds with your statement selection above. For example, if you selected the statement, "I need a **payment plan only**. I will pay the advertised cost for my camper's session, but I need to spread the payments out," then you will only complete *Section A* and leave all other sections blank.

Payment Due Dates

- Session #1/Monarchs – June 8**
- Session #2/Stars – June 15**
- Session #3/Explorers – June 29**
- Session #4/Hodaggers – July 6**
- Session #5/Adventurers – July 20**
- Session #6/East Side – July 27**

Section A: Payment Plan Only

Camper(s) _____

Current Summer Balance (total for all campers registered) \$ _____

Choose payment dates that work for you!

Payment # 1 _____ Amount \$ _____
(Date approved by registrar)

Payment # 2 _____ Amount \$ _____
(Date approved by registrar)

Payment # 3 _____ Amount \$ _____
(Date approved by registrar)

Payment # 4 _____ Amount \$ _____
(Date approved by registrar)

Payment # 5 _____ Amount \$ _____
(Date approved by registrar)

***Final Due Date:** _____

**Note: If you have multiple campers attending sessions throughout the summer, then your total family payment is due 10-days before the last session you are registered for. For example, if you have 2 children and one is registered for Session #2 and the other is registered for Session #4, then your family's total summer balance is due July 6.*

Section A: Payment Plan Only

I, (person responsible for payment) _____, agree to pay my family's total summer balance of _____ according to the timeline agreed upon above. If I need to make a change to any payment or my final payment, I will notify the registrar to update my payment plan worksheet.

_____ Date _____
(Responsible party's signature)

Section B: Scholarship Only

Camper(s) _____

Thanks to our generous donors, we are able to fulfill our goal of making camp possible for every camper! The following section helps us find a starting point for adjusting the camp fees to make sure your child can attend Camp Bovey.

Please circle the monthly income level that matches your family's situation right now.

For example, if 3 people live in your house and your total paychecks for the month equal \$3,250, you would go to Row B and circle \$3150-3403. In the NEW TOTAL row, you will see your adjusted camp fee. For a 5-day session, \$160.00; for a 12-day session, \$370.00.

	How many people live in your house?	Monthly Income Level (How much money comes into your home each month?)			
Row A	2 people	\$0-\$2504	\$2505-2706	\$2707-3383	+ \$3384
Row B	3 people	\$0-\$3149	\$3150-3403	\$3404-4254	+ \$4255
Row C	4 people	\$0-\$3793	\$3794-4100	\$4101-5125	+ \$5126
Row D	5 people	\$0-\$4437	\$4438-4797	\$4798-5996	+ \$5997
Row E	6 people or more	\$0-\$5082	\$5083-5493	\$5494-6867	+ \$6868
NEW TOTAL	Adjusted Camp Fee 5-Day Session	\$135.00	\$160.00	\$270.00	<i>If your income falls within this column, please explain your need in the space below.</i>
NEW TOTAL	Adjusted Camp Fee 12-Day Session	\$270.00	\$370.00	\$405.00	

Adjusted session fee _____

Adjusted Total Summer Balance _____

Is there anything else that you would like us to know about your family's financial situation?

Section B: Scholarship Only

I, (person responsible for payment) _____, realize that an \$80 down payment per camper per session is required and not reduced by this scholarship form. I agree to pay the adjusted total summer balance of _____.

_____ Date _____

(Responsible party's signature)

Section C: Scholarship and Payment Plan (front and back)

Camper(s) _____

Current Summer Balance (total for all campers registered) \$ _____

Thanks to our generous donors, we are able to fulfill our goal of making camp possible for every camper! The following section helps us find a starting point for adjusting the camp fees to make sure your child can attend Camp Bovey.

Please circle the monthly income level that matches your family's situation right now.

For example, if 3 people live in your house and your total paychecks for the month equal \$3,250, you would go to Row B and circle \$3150-3403. In the NEW TOTAL row, you will see your adjusted camp fee. For a 5-day session, \$160.00; for a 12-day session, \$370.00.

	How many people live in your house?	Monthly Income Level (How much money comes into your home each month?)				
		\$0-\$2504	\$2505-2706	\$2707-3383	+ \$3384	
Row A	2 people	\$0-\$2504	\$2505-2706	\$2707-3383	+ \$3384	
Row B	3 people	\$0-\$3149	\$3150-3403	\$3404-4254	+ \$4255	
Row C	4 people	\$0-\$3793	\$3794-4100	\$4101-5125	+ \$5126	
Row D	5 people	\$0-\$4437	\$4438-4797	\$4798-5996	+ \$5997	
Row E	6 people or more	\$0-\$5082	\$5083-5493	\$5494-6867	+ \$6868	
NEW TOTAL	Adjusted Camp Fee 5-Day Session	\$135.00	\$160.00	\$270.00		<i>If your income falls within this column, please explain your need in the space below.</i>
NEW TOTAL	Adjusted Camp Fee 12-Day Session	\$270.00	\$370.00	\$405.00		

Adjusted session fee _____

Adjusted Total Summer Balance _____

Is there anything else that you would like us to know about your family's financial situation?

Section C: Scholarship and Payment Plan (continued)

Choose payment dates that work for you!

Payment # 1 _____ Amount \$ _____
(Date approved by registrar)

Payment # 2 _____ Amount \$ _____
(Date approved by registrar)

Payment # 3 _____ Amount \$ _____
(Date approved by registrar)

Payment # 4 _____ Amount \$ _____
(Date approved by registrar)

Payment # 5 _____ Amount \$ _____
(Date approved by registrar)

***Final Due Date:** _____

**Note: If you have multiple campers attending sessions throughout the summer, then your total family payment is due 10-days before the last session you are registered for. For example, if you have 2 children and one is registered for Session #2 and the other is registered for Session #4, then your family's total summer balance is due July 6.*

Section C: Scholarship and Payment Plan

I, (person responsible for payment) _____, realize that an \$80 down payment per camper per session is required and is not reduced by this scholarship form. I agree to pay the adjusted total summer balance of _____ according to the timeline agreed upon above. If I need to make a change to any payment or my final payment, I will notify the registrar to update my payment plan worksheet.

(Responsible party's signature) Date _____