

Y	Valley	Forge			1777 North V Malvern, Pen	alley Road nsylvania 19355		10.296.6725 10.296.6530
	Valley Education	onalServ	vices					o@vfes.net s.net
					2023 Financial A	id Application		
		ed on a first-com Complete	e, first-serve <mark>d applicatior</mark> : meet the fol - I	basis and will or start of a progra is should be sub	<mark>mitted to <u>camp@vfes.n</u> o be considered for fina 1 sident</mark>	plete and receive <u>et</u> .		
March Gilead	Indicate Spring ES Overnight	the Specialized I May Kweebec	Recreation Se VIP	rvices program( August Fenwick	s) for which you are see August Kweebec	0		November Gilead
					Date of Birth:		G	rade:
a.	Does the participa	nt who will be at	tending our p	orogram(s) have	an identified disability?	Y	Ν	
b.	If you answered "	'es" above, does	the participa	nt attend a spec	ial education school?	Y	Ν	
II. Parent/Legal Gu	ardian (residing w	th student)						
Name:					Relationship:			
Name:					Relationship:			
III. Contact Informa	ition							
Street Address:								
City:			State:	Zip:		County:		
Home Phone:				Other Pl	none:			

## Home Phone: \_\_\_\_ **IV. Household Information**

List the names and relationships of all individuals in the household. Circle the appropriate response to indicate whether or not the person is a dependent in accordance with IRS Regulations. Include additional pages if needed.

Name	Relationship Age		Dependent?	
			Y	Ν
			Y	Ν
			Y	Ν
			Y	Ν
			Y	Ν

## V. Annual Household Income

Please indicate your annual household income: \*\*Proof of income is required to be considered for Financial Aid. Prior year tax return plus one of the following documents must be included with your application - last month of pay stubs or SS/CAO Award Letter for all members of the household.

## By signing below, I acknowledge that the above information is true and accurate, to the best of my knowledge.

Signature of Parent/Leg	gal Guardian	Printed Name of Parent/Legal Guardian	Date
Signature of Parent/Leg	gal Guardian	Printed Name of Parent/Legal Guardian	Date
Recreation Office Use	Date Received:	Date Submitted for Review:	Initials:
Business Office Use	Date Reviewed:	FA Awarded? Y N Date Award Letter Ser	nt: Initials: