

**2025 Financial Aid Application**

Valley Forge Educational Services (VFES) offers a limited number of financial aid awards to be used toward Specialized Recreation Services. Financial Aid applications are reviewed on a first-come, first-serve basis and will only be considered if complete and received by May 1, 2025

**Completed applications should be submitted to [camp@vfes.net](mailto:camp@vfes.net).**

Applicants must meet the following criteria to be considered for financial aid:

- Under Age 21
- Pennsylvania Resident
- Proven Financial Need

Indicate the Specialized Recreation Services program(s) for which you are seeking Financial Aid:

- VIP   
  Aug. 10–22  
Camp Vanguard @  
Kweebec   
  Sept. Camp Innabah   
  Nov. Mt. Gilead   
  March Mt. Gilead   
  May Camp Kweebe

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

- a. Does the participant who will be attending our program(s) have an identified disability?    Y     N
- b. If you answered "Yes" above, does the participant attend a special education school?    Y     N

**II. Parent/Legal Guardian (residing with student)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**III. Contact Information**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other 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 <input type="checkbox"/>	N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/>	N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/>	N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/>	N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/>	N <input type="checkbox"/>

**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/Legal Guardian      Printed Name of Parent/Legal Guardian      Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Printed Name of Parent/Legal Guardian      Date

<b>Recreation Office Use</b>	Date Received:	Date Submitted for Review:	Initials:
<b>Business Office Use</b>	Date Reviewed:	FA Awarded?    Y    N <input type="radio"/> <input type="radio"/>	Date Award Letter Sent:      Initials: