



2018 Camp Avanti Financial Aid Form

Camper

Name: _____

Address: _____

City, State,

Zip: _____

Parent/guardian

name(s): _____

Camp they have been accepted to:

<input type="checkbox"/>	Overnight Camp \$1100
<input type="checkbox"/>	Day Camp \$700
<input type="checkbox"/>	Challenge Camp \$825

Amount of financial aid requested: \$ _____

We are now required to report to our funding agencies on the financial status of families requesting scholarships, including tax return information.

The federal guidelines are here for your reference.

If your income is above the 250% of poverty level it DOES NOT mean that you will be denied a scholarship. It will help the decision process if you can share the other circumstances that affect your ability to pay the camper fee.

Tax return information is now required by our scholarship grant sources.

Attach a copy of your 2017 tax forms, without the attachments or schedules.

You may black out your social security numbers. Send to: **Camp Avanti, 908 87th Avenue, Hudson, WI 54016.**



2017 Federal Poverty Guidelines

Household Size	100%	250%
1	\$12,060	\$30,150
2	16,240	40,600
3	20,420	51,050
4	24,600	61,500
5	28,780	71,950
6	32,960	82,400
7	37,140	92,850
8	41,320	103,300

<http://familiesusa.org/product/federal-poverty-guidelines>

Please describe information about your family situation that relates to receiving financial aid:

