

2019 Financial Aid Application – Camp Invention

Financial assistance is limited and awarded on a sliding scale to children with financial need who qualify for free and reduced lunch programs and have not already registered. Cost of the camp is \$230. Minimum payment required.

Please fill out completely and mail to:

Clarinda High School, Attn: Shannon Almeliem, Camp Invention Director 100 N Cardinal Dr, Clarinda, IA 51632.
For more information, please contact salmeliem@clarindacs.org, or call (712)542-5167.

Location: Garfield Elementary School - Clarinda Camp Dates: **June 8-12, 2019**

Parent or Guardian Name(s): _____

Day Phone: _____ Evening Phone: _____ Best time to call: _____

E-mail address: _____

Camper Name(s): _____ Age: ____ M F Grade in Sept. '18: _____

_____ Age: ____ M F Grade in Sept. '18: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School camper attends now: _____ Date of Birth: _____

Please explain why you would like your child to attend Camp Invention:

We must verify financial need in order to comply with the funding guidelines from our sponsors. The information that you provide will be kept confidential. Please check if your child receives assistance through:

Reduced School Lunch Free School Lunch Food Stamps Child Care Subsidy

County Assistance (type) _____ County Name _____

Other Financial Assistance _____

Has your child previously received financial assistance for Camp Invention? _____

Please explain why you are requesting financial assistance: _____

Please list your child's special needs and/or allergies: _____

A minimum payment is required. How much are you able to pay towards your student's camp fee?
\$ _____

Parent/Guardian Signature: _____ Date: _____

Please fill out the registration form on the back. OVER



Registration price is \$230

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PROGRAM INFORMATION

Program Location: Garfield Elementary School

Program Code: C-IA81-01046-19

When: July 8-12, 2019 from 9:00 AM to 3:30 PM

PARENT/PARTICIPANT INFORMATION

Parent/Guardian Name(s) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Alternative Phone _____ Email _____

Child's Name _____

Child's Date of Birth _____ Male Female Fall Grade Level _____

Does your child require an EpiPen®? Yes No

Special Needs

School Child Attends

To which racial or ethnic group(s) do you most identify? African-American Asian/Pacific Islander Caucasian

Latino or Hispanic Native American Other _____

How did you hear about Camp Invention? _____

PLEASE FILL OUT THE FINANCIAL AID FORM ON THE OTHER SIDE.