



Hale Vacation Days Financial Aid Application 2023-2024

Hale has established a fund to help families with the cost of tuition for our programs. The application is open to all families regardless of race, color, religion, sex, national origin, age, disability, and familial status.

Application and Enrollment Process

We ask that applications be sent to the Director of Camp & Youth Programs. Applications need to be completed and with the appropriate documentation attached. Applications can be emailed directly to jross@hale1918.org or can be mailed to 80 Carby Street, Westwood, MA 02090 ATTN: Jackie Ross.

Applications are reviewed after the “Due By” dates listed below. Hale has a specific fund used to support families and youth participating in our programs which limits the number of awards we can give. This means you may not receive the full amount you request. This is to serve as many families as possible. We do not accept applications that are submitted within 3 weeks of the start of a program.

For all questions related to financial aid for vacation programs feel free to reach out to Jackie Ross, Director of Camp & Youth Programs at jross@hale1918.org or at 781-326-1770.

Programs	Application Due By	Award Date
December Vacation and MTB Days	December 5, 2023	December 12, 2023
February Vacation Days and Transportation	January 30, 2024	February 6, 2024
April Vacation, MTB Days and Transportation	March 26, 2024	April 2, 2024

Requirements

- Applications for financial aid will not be considered **unless all bills from previous years are paid.**
- Completed Financial Aid Application
- Proof of income with a recent 2021/2022 tax return.

Financial Aid Awards

For our Vacation programs we offer a simple tiered-based award structure that is determined by household income. The awards will be granted **per child per program that is registered for.**

Household Income	Award	What You Pay for Vacation Days	What You Pay for MTB Days
\$0-\$39,999	\$200.00	\$95.00	\$195.00
\$40,000-\$69,999	\$150.00	\$145.00	\$245.00
\$70,000-\$100,000	\$100.00	\$195.00	\$295.00



Caregiver Information

Primary Caregiver Name: _____ Phone: _____

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

If the Caregiver is unemployed, please give the most recent position, employer, and dates of employment:

Annual gross income of Caregiver:

\$ _____

Annual income of Caregiver from any other sources (after deductions. Including rent from tenants, interest, dividends, royalties, gifts, etc.):

\$ _____

Secondary Caregiver Name: _____ Phone: _____

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

If the Caregiver is unemployed, please give the most recent position, employer, and dates of employment:

Annual gross income of Caregiver:

\$ _____

Annual income of Caregiver from any other sources (after deductions. Including rent from tenants, interest, dividends, royalties, gifts, etc.):

\$ _____

If Parents are legally separated or divorced, does one financially help/support the other?

(Check one) ___Yes ___No

If yes, which Caregiver pays financial support? _____

If yes, what is the net amount paid/received annually? \$ _____

Home of Primary Caregiver OR both Caregivers:

(Monthly mortgage payment or rent on home) \$ _____

Home of Caregiver # 2 if parents live apart:

(Monthly mortgage payment or rent on home) \$ _____

Dependents:

Total Number of Dependents _____

Monthly cost of educational/childcare expenses for all dependents: \$ _____



Participant Information

Child #1 Name: _____

Date of Birth: _____

Child #2 Name: _____

Date of Birth: _____

Child #3 Name: _____

Date of Birth: _____

Child #4 Name: _____

Date of Birth: _____

Child #5 Name: _____

Date of Birth: _____

Program Selection

Below find the program(s) you are looking to sign up for. Based on your income range, add the award dollar amount in Column 2. (Award amounts are on page 1).

Subtract Column 2 from Column 1 to determine column 3. Enter in the number of children you are signing up. Multiply Column 3 by Column 4 to find the total.

	Column 1	Column 2	Column 3	Column 4	Column 5
Program	Program Fee	Financial Award	Program Fee Minus Award	# of Children to Register	Total
December Vacation Days	\$295.00				
December MTB Days	\$395.00				
February Vacation Days	\$295.00				
February Transportation	\$55.00	n/a	\$55.00		
April Vacation Days	\$295.00				
April MTB Days	\$395.00				
April Transportation	\$55.00	n/a	\$55.00		

Total Program Fees Due: \$ _____

Confirmation of Information

By signing below, I certify that all information is true and completed to the best of my ability:

Signature: _____ Date: _____

Printed Name of Caregiver: _____