



## Supplementary Application for Financial Aid

*To be used by families who have a current and complete financial aid application for the summer camp already on file.*

Name of Parent: \_\_\_\_\_

Home Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

School, Grade: \_\_\_\_\_

Has any of the information you provided in your application for summer camp changed? Is there any new or more current information which should be considered? If yes, please explain and document.

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In what ways might a financial aid award benefit your family over and above relieving financial pressures and providing a good experience for your child(ren)?

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This application is for:  After-School Program  Preschool

Cost of Program: \_\_\_\_\_

Your Contribution: \_\_\_\_\_

Financial Aid Requested: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Date received: \_\_\_\_\_ Date deemed complete: \_\_\_\_\_

\_\_\_\_\_ Cost of Program \_\_\_\_\_ Financial Aid Award

Return Registration form and registration fee to:  
ACT PROGRAMS | 1047 Amsterdam Avenue New York, NY 10025 | 212-316-7530

