



NOBLES DAY CAMP

Financial Assistance Application

10 Campus Drive, Dedham, MA 02026
Phone 781-320-1320 Fax 877-325-8736

Parent/Guardian: _____	Parent/Guardian: _____
Address: _____	Address: _____
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer(s): _____	Employer(s): _____
Occupation: _____	Occupation: _____

TOTAL GROSS ANNUAL FAMILY INCOME (from all sources)	
\$ _____	Parent/Guardian 1
\$ _____	Parent/Guardian 2
\$ _____	Other Sources (child support, alimony, etc.)
\$ _____	TOTAL FAMILY INCOME
Income verification is required	

Total number in household who depend on this income:	
_____	# of Adults
_____	# of Children
_____	TOTAL # of Family in Household

Camper Name _____	Relation _____	Birth Date _____	Grade Entering in Fall _____
Camper Name _____	Relation _____	Birth Date _____	Grade Entering in Fall _____
Camper Name _____	Relation _____	Birth Date _____	Grade Entering in Fall _____
Camper Name _____	Relation _____	Birth Date _____	Grade Entering in Fall _____

Please describe any special circumstances or family expenses that make financial assistance necessary (attach separate sheet, if needed)

In order to process this application, please attach a copy of your most recent 1040 tax form along with two recent pay stubs, and/or copies of any government subsidies.

I certify that the information on this form is accurate and true.

Applicant Signature _____ Date _____

Assistance is awarded based on state sliding scale fee guidelines, Nobles Day Camp assistance guidelines, and documentation and information provided. The amount of assistance offered will not exceed the resources of Noble and Greenough School