



Please mail all correspondence to:

Attn: Sam Peterson
Camp Fire USA Minnesota Council
3100 West Lake St, Suite 100
Minneapolis, MN 55416

Dear Parent or Guardian:

Our goal at Camp Fire USA Minnesota Council is to help as many children as possible to participate in our programs. For this reason, financial assistance is available to attend our summer camping programs.

Financial assistance is given based on financial need, but is not automatic. Campers may request financial aid to attend one session of camp at Camp Tanadoona. To maximize the number of children we serve, very few full scholarships will be awarded, as limited funds are available.

Camp Fire USA Minnesota Council will take the following factors into consideration in determining scholarship eligibility and amount:

1. Number of applicants
2. Financial need of applicant base
3. Other circumstances which would place a family in need
4. Funds available

We use the following scale as one determination of financial need. Families should be at or below the stated income levels.

Household Size	Annual \$	Monthly \$	Weekly \$
1	20,036*	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Add for each additional family member	6,919	577	134

Source: Department of Agriculture, Child Nutrition Programs – Income Eligibility Guidelines
All amounts listed are 185% of the federal poverty level.

To apply for financial assistance, please complete the accompanying application and return it to the address listed above with your child’s camp registration form. If you have any questions about this application, please contact the Director of Outdoor Programs at (952) 474-8085.

Thank you,
Camp Fire USA Minnesota Council



2010 Application for Financial Aid

Parent/Guardian Name: _____ County of Residence: _____

Address: _____

City/State: _____ Zip code: _____

Home Telephone: () _____ Work Telephone: () _____

E-mail: _____

Number of persons living in household: _____

2009 annual household income from all sources before taxes: \$ _____

Include all sources: AFDC, Alimony, Unemployment Insurance, Workers Compensation, Insurance settlements, Dividends and/or interest, Employment Wages – full and/or part-time, and any other income.

Number of completed camper registration forms attached: _____

Name(s) of child(ren) who will be attending camp: _____

(Optional) Are there any special circumstances you would like us to consider?

Total fees due for attached registrations (before scholarship): \$ _____

Total amount of any deposits enclosed: - \$ _____

Additional amount our family can pay toward remaining camp fees: - \$ _____

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TOTAL AMOUNT OF FINANCIAL AID REQUESTED: \$ _____