

About Rising Stars Financial Assistance

With a commitment to promoting excellence in all that we do, fostering character development, and nurturing the potential and talent of our campers, Rising Stars strives to give all kids access to our summer camp sessions, regardless of their families’ financial situations. However, our scholarship fund is limited, and we may not be able to award financial assistance to all who apply. Financial Assistance reduces campers’ tuition fees; it does not eliminate them. All campers’ families will pay something.

Families will be awarded either a “percent-off scholarship” or a “contingency scholarship.” A contingency scholarship may be awarded to a family whose acceptance into Rising Stars Camps is then contingent on recruiting a new camper who would not have otherwise registered during the 2013 season.

Determining assistance amounts is handled by Rising Stars staff in a fair and consistent manner. Every camper receives the same quality summer program, regardless of whether or not they receive financial assistance. All financial and/or personal information will be kept private. We ask that, if awarded financial assistance, you keep the details of your scholarship private as well.

Rising Stars requires that individuals and families reapply every summer with updated documentation. We will send a courtesy e-mail to the address we have on file as a reminder, but it is each family’s responsibility to reapply for financial assistance.

Financial Assistance Applications are due on or before June 3, 2013 for Session A. Applications are due on or before June 24, 2013 for Sessions B, and July 14, 2013 for Session C. Late applications will not be considered. Applicants will be notified within five business days of us receiving the application.

Please fill out the information on the following page and send the necessary documentation, so that we can award financial assistance to the families who need it most. Rising Stars will provide assistance to families based on individual needs and circumstances. Please e-mail or call 921-6651 if you have any questions. More detailed information about our programs and camp sessions can be found on our website: [www.IdahoRisingStars.com](http://www.IdahoRisingStars.com). Send completed applications to Kerith Telestai, the Program Director, at RisingStarsDirectors@gmail.com. Thank you.

-Kerith & Brian Telestai, Directors



Financial Assistance Application

PRIMARY ADULT APPLICANT INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM APPLYING FOR FINANCIAL ASSISTANCE FOR \_\_\_\_ (#) CAMPERS for Session A / B / C

I feel I can afford $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per camper, per camp session

Number of adults in household:\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent children in household: \_\_\_\_\_\_\_\_\_\_\_\_\_

Has your family ever received a Rising Stars Scholarship/Financial Assistance before? YES / NO

TO QUALIFY FOR FINANCIAL ASSISTANCE, PLEASE PROVIDE THE FOLLOWING INFORMATION AND/OR SUPPORTING DOCUMENTS:

—— (Please include all that apply) ——

A. WORKING CURRENTLY or SELF-EMPLOYED

If applicable, please provide first page of prior year 1040 or 1040A tax form, last 3 months pay stubs,

 and employer information for all adults in household:

Employer/Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

yearly salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -or- wages: $\_\_\_\_\_\_\_\_\_\_\_\_\_ X 12 months = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 typical 30 days income estimated annual income

-or-

SELF EMPLOYED: Provide bank statement/bookkeeping documents showing monthly income for at least the past 3 months.

B. RECEIVING OTHER ASSISTANCE

If applicable, list assistance amounts and attach documentation of SSI (Supplemental Security Income), SSD (Social Security Disability), food stamps, AFDC (Aid to Families With Dependent Children) unemployment, child support, Medicare, Welfare, etc.

Monthly SSI or SSD $\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly unemployment $\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly food stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly child support $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other monthly assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_

C. LETTER OF SPECIAL CIRCUMSTANCES

We understand that numbers don’t show everything. If there are any extenuating circumstances or hardships that you feel may qualify you for assistance, please include a written explanation (note/letter) so that consideration may be given. You may list special or unusual expenses below.

Special/unusual expenses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

*THIS APPLICATION MUST BE RENEWED EACH SUMMER you wish to be considered for FINANCIAL ASSISTANCE.*

I certify that the attached information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I must cancel my camper’s participation, I will contact Rising Stars immediately so that another family in need may have the financial assistance formerly allotted to us.

I understand that if I falsify any of the attached information, I will not be eligible for assistance now and/or in the future, and this could jeopardize my child’s acceptance into any Rising Stars summer camp sessions (even without financial assistance) now and/or in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature Date of Signature

*THE FOLLOWING IS FOR OFFICE USE ONLY:*

*Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved / Declined Type of Scholarship:*