



Fall 2022/Spring 2023

Dear Applicant,

Thank you for your interest in Incarnation Center's Camp programming (Incarnation sleepaway camp, Pioneer Village, Bushy Hill, and Pequot Sherwood Day Camp). Incarnation Center is fortunate to receive funding from a variety of sources including our sponsoring parishes and individuals. We wish to provide opportunities for children without the financial ability to attend summer camp. Scholarships are awarded solely on the basis of financial need and references regardless of race, creed or national origin.

Income and family size will be considered during the application process. Scholarships will be for a maximum of 50% of a camper's tuition. If you have extenuating circumstances, please explain in an accompanying letter. Decisions regarding awards of scholarship will be made in accordance with criteria set by the Board of Directors.

Returning campers will be asked to submit one reference from a current school teacher. New campers will be asked to return two references; at least one must be from a current school teacher. The second one may come from a family clergy, community leader or another teacher. Please review this letter carefully and make sure you complete all steps in a timely manner. Incomplete or late applications will jeopardize your eligibility for financial assistance.

To apply for financial aid, please return **By March 31st, 2023** the following to:

Incarnation Camp  
Financial Aid Committee  
P.O. Box 577  
Ivoryton, CT 06442

1. Application for Financial Assistance (one per family)
2. Camper Registration (one for each camper, submitting this form does not register your child for camp) This is done online.
3. **RETURNING CAMPERS:** a reference form from **ONE** teacher at your child's school. **NEW CAMPERS:** a reference form from **TWO** teachers at your child's school, or a teacher, the family clergy person or a non-related adult or mentor.
4. Copy of **2022 tax forms** (only first 2 pages are necessary, please black out social security information. If you have not received your 2022 tax return, feel free to submit your 2021 information as a placeholder until your 2022 form is available)
5. Deposit of \$200 per camper for sleepaway programs, or \$75 for Day programs (this is refundable)
6. If applicable, a letter explaining any extenuating circumstances.

Decisions regarding financial assistance awards will be made in Late April 2023. Any incomplete or late applications will not be considered until after May 1st and then only when complete. Invoices sent before the financial assistance has been determined will show full balances due for camp. Payment Plans for the balance can be arranged. If you have any questions, please feel free to contact the office.

Sincerely,

*The Staff at Incarnation Camp, Bushy Hill, and Pequot Sherwood Day Camp*

Please note that the Financial Assistance Packet must be sent in as a whole. Please be sure to include all necessary documents including this page.

I have enclosed the following with my application:

Camper's complete camp registration form (this is done online)

Camp Deposit of \$200 for overnight programs, or \$75 for day programs

Completed application for Financial Assistance, This must include 2022 tax returns (first 2 pages only, please black out social security numbers. 2021 forms can be used as a placeholder until 2022 returns are available)

Two scholarship assistance references from teacher/religious leader/community leader (we will not be able to accept a reference from another family member).  
Returning campers need to submit only one reference. These should be sent in a separate envelope but application is not complete without the references.\*

Name of Camper: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (Parent)

\_\_\_\_\_  
Date

\*This is the responsibility of the Applicant, if an application is received without references it is considered incomplete and will not be considered for scholarships until the references are received.

# Incarnation Camps, Bushy Hill & Pequot Sherwood Day Camp

## Application for Financial Assistance

### Family Information:

Parent's Name: \_\_\_\_\_

(If different) Person(s) responsible for camp payments: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Work Phone: (F) \_\_\_\_\_ (M) \_\_\_\_\_

Is this the camper's permanent address and phone number: *yes no*.

First Camper's name: \_\_\_\_\_ New or Returning: \_\_\_\_\_

Registering for:

Incarnation Sleepaway Camp: \_\_\_\_\_ # of weeks OR Pioneer Village Sleepaway Camp: \_\_\_\_\_ # of weeks

OR Bushy Hill Day Camp: \_\_\_\_\_ # of weeks OR Pequot Sherwood Day Camp: \_\_\_\_\_ # of weeks

**Camp registration form must accompany request for Financial Aid (unless previously submitted)**

Second Camper's name: \_\_\_\_\_ New or Returning: \_\_\_\_\_

Registering for:

Incarnation Sleepaway Camp: \_\_\_\_\_ # of weeks OR Pioneer Village Sleepaway Camp: \_\_\_\_\_ # of weeks

OR Bushy Hill Day Camp: \_\_\_\_\_ # of weeks OR Pequot Sherwood Day Camp: \_\_\_\_\_ # of weeks

**Camp registration form must accompany request for Financial Aid (unless previously submitted)**

Third Camper's name: \_\_\_\_\_ New or Returning: \_\_\_\_\_

Registering for:

Incarnation Sleepaway Camp: \_\_\_\_\_ # of weeks OR Pioneer Village Sleepaway Camp: \_\_\_\_\_ # of weeks

OR Bushy Hill Day Camp: \_\_\_\_\_ # of weeks OR Pequot Sherwood Day Camp: \_\_\_\_\_ # of weeks

**Camp registration form must accompany request for Financial Aid (unless previously submitted)**

*Any additional children can be added on a separate sheet of paper.*

Total Number of dependants in household: \_\_\_\_\_

How much do you feel you would be able to pay per child for camp this summer? \_\_\_\_\_

\$
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**Income, Earnings and Benefits**

Information for this portion of the application should be found on your most recent income tax form 1040, 1040A, 1040EZ or 1040TEL. Business owners should include a copy of their Schedule C form.

Adjusted Gross Income

\_\_\_\_\_ .00

Earned Income Credit

\_\_\_\_\_ .00

Untaxed Social Security Benefits

\_\_\_\_\_ .00

Child Support

\_\_\_\_\_ .00

Other untaxed income or benefits

\_\_\_\_\_ .00

**If you own a business please include a copy of your Schedule C form.**

**Assets**

Cash, Savings and Checking Accounts

\_\_\_\_\_ .00

Real Estate value

\_\_\_\_\_ .00

Other Investments

\_\_\_\_\_ .00

**Liabilities**

Mortgage or Rent per month

\_\_\_\_\_ .00

Car Payments or Transportation Cost per month

\_\_\_\_\_ .00

Tuition for primary, secondary or university

\_\_\_\_\_ .00

Medical or Dental expenses not covered by insurance

\_\_\_\_\_ .00

Other: \_\_\_\_\_

\_\_\_\_\_ .00

What year is the above information from:

*By signing below, I certify that all the information provided on this form is true and complete to the best of my knowledge.*

\_\_\_\_\_  
*Signed by the Parent or Guardian of applying campers.* *Date*

\_\_\_\_\_  
*(If different) Person responsible for camp payments.* *Date*

**Please remember to attach copy of most recent tax forms**

**Application should be returned to:**

Financial Aid Committee  
Incarnation Camps  
P.O. Box 577  
Ivoryton, CT 06442

*For Incarnation Camp Use Only*

Amount awarded per child:

# Incarnation Camps, Bushy Hill & Pequot Sherwood Day Camp

PO Box 577  
Ivoryton, CT 06442  
Phone: (860) 767-0848 Fax: (860) 767-8432  
info@incarnationcenter.org

## Scholarship Assistance - Reference

Camper's Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: (F) \_\_\_\_\_ (M) \_\_\_\_\_

To the Reference,

The above named camper would like to attend Incarnation Camp, Pioneer Village for Teens, Bushy Hill Day Camp, or Pequot Sherwood Day Camp. Programs for campers pre-k through high school (at Incarnation) this summer and is requesting scholarship assistance. Part of the application process for Scholarship involves our determining how well the camper will do in a group community setting and how they might benefit from a camp experience. All applicants are required to submit at least one reference from a school teacher who can share their observations about the child. Please be assured that your responses will be held in confidentiality and not shared with the family.

Please complete and return this form directly to:

Financial Aid Committee  
Incarnation Camps  
P.O. Box 577  
Ivoryton, CT 06442

Thank you for your time and assistance.

*The Staff at Incarnation Camps, Bushy Hill, and Pequot Sherwood Day Camp*

How well do you know the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Please comment on how well you feel the applicant would do in a group social situation such as camp?

Please comment on how the applicant resolves conflict?

What benefits do you feel the applicant would receive from camp?

Would you have any concerns about the applicant's behavior in camp?

Please feel free to add any general comments or observations. You may use additional paper if necessary.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail