

Children's International Summer Villages New York Chapter

Application for Financial Aid					
All applicants will furnish a copy of 1040 Federal Tax Return for latest year available					
All information on this application and its enclosures will be kept confidential					
1	Full Name of Person / delegate for aid				
	Address:				
2	Date of birth for delegate / applicant				
	Program delegate / applicant is applying for				
3	Father or legal guardian name				
	Father or legal guardian's business or profession				
	Employer's name				
	Employer's Address				
	Employer's telephone number				
	Employer's info verification contact name				
4	Mothers name				
	Mothers business or profession				
	Employer's name				
	Employer's Address				
	Employer's telephone number				
	Employer's info verification contact name				
5	Other dependents (list all children with dates of birth and names of other dependents				
	Name	date of birth	school or college		tuition pd by parents
	1				
	2				
	3				
6	Taxable income from Form 1040				\$
6A	Income from another source (for example child support)				\$
7	Expenses				
	a)	Federal-State-City taxes (including real estate)			\$
	b)	Annual rent or equivalent (exclude taxes included in (a)			\$
	c)	Annual utilities (gas, oil, electric, telephone etc)			\$
	d)	Contributions			\$
	e)	Child care costs including tuition			\$
	f)	Transportation			\$
	g)	Medical costs not reimbursed			\$
	h)	Annual food and clothing expenses			\$
	i)	Misc (explain)			\$
8	Property Assets (please check)				
	a)	do you own your own residence		YES	NO
	b)	do you own other property		YES	NO
	c)	Do you own your own automobile(s)		YES	NO
		please indicate year and model			
		please indicate year and model			

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9	Investment / Cash assets (combine owned by you or spouse or jointly)			
	a) Investments		\$	
	b) Retirement or IRA's etc		\$	
	c) Saving accounts		\$	
	d) Checking accounts		\$	
	e) Other (describe)		\$	
10	Amount of aid you are requesting for this Program			\$
	Amount of Total Cost you are willing to repay over time			\$
	Amount willing to pay each year			\$
	Total Cost of Program including air fare (IC to include \$500 hosting estimate)			\$
11	Please list any special financial circumstances (eg: illness, special housing problems, separation agreements)			
	ANSWER			
12	If you wish the Committee to consider any other information that we should evaluate re this application			
	Please describe or add a separate sheet			
13	Would you be willing to provide volunteer time for work for CISV NY and what would you do			
	ANSWER			
14	Signatures			
	Father			date
	Mother			date
	Guardian			date
	Telephone contact info:			
	Email contact info:			
	Note: If person signing has sole custody of delegate please indicate			
RETURN APPLICATION AND FEDERAL 1040 TO				
CISV New York Treasurer				
Joe Jarencio				
266 Northfield Ave				
West Orange, NJ 07052				
jarencio.cisv@gmail.com				