Children's International Summer Villages New York Chapter

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plica	ation for Fi	nancial Aid										
<u> </u>	All 1			1.040 5 1	17 5		Ļ	Ц				
\rightarrow		ants will furni						abl	e			
-	All Inform	ation on this	application	and its enci	osures will i	be kept con	ridential	H		-		
1	Full Nam	e of Person /	dologoto fe	or oid				H		-	-	
1	Address:	e of Person /	delegate it	or aid				H				
	Address.	-	-					Н			<u> </u>	
2	Data of h	oth for dalage	ata / applica					Н				
2	Date of birth for delegate / applicant Program delegate / applicant is applying for							-				
-	Program	delegate / ap	plicant is ap	oplying for				Н				
-	T-41	11			-			Ц			<u> </u>	
3	Father or legal guardian name											
	Father or legal guardian's business or profession											
_	Employer					-						
_		's Address						Ш				
	Employer's telephone number						Ц					
	Employer's info verification contact name						Ш					
	10.0			-								
4	Mothers									-		
		ousiness or p	rotession					Ц				
	Employer			<u> </u>	<u></u>			Ц				
		's Address	<u> </u>					Ш				
		's telephone						Ц				
	Employer	's info verifica	ation contac	ot name								
5	Other dependents (list all children with dates of birth and names of other							de	nts			
		Name		date of birt	h	school or o	ollege			tuition pd b	y pare	nts
		1										
		2										
		3										
6	Taxable i	ncome from I	Form 1040					\$				
										,		
	Income from another source (for example child support)						\$					
7	Expenses	3										
	a) Federal-State-City taxes (including real estate)									\$		
	b) Annual rent or equivalent (exclude taxes included in (a))				\$		
	(c)	Annual utili	ities (gas, c	oil, electric, t	elephone e	tc)					\$	
											\$	
	d)	Contributio									Ψ	
	d) e)	Contributio Child care	costs includ	ling tuition							\$	
	d)	Contributio Child care Transporta	costs includation									
	d) e)	Contributio Child care Transporta Medical co	costs includation sts not reim	bursed							\$	
à.	d) e) f)	Contributio Child care Transporta Medical co	costs includation sts not reim		l l						\$	
	d) e) f)	Contributio Child care Transporta Medical co	costs includation sts not reim d and clothi	bursed	es						\$ \$	
	d) e) f) g) h)	Contributio Child care Transporta Medical co Annual foo	costs includation sts not reim d and clothi	bursed	S						\$ \$ \$	
8	d) e) f) g) h) i)	Contributio Child care Transporta Medical co Annual foo	costs includation sts not reim d and clothi ain)	nbursed ing expense	S						\$ \$ \$	
8	d) e) f) g) h) i)	Contribution Child care Transportate Medical contribution Assets (ple	costs includation sts not reim d and clothi ain)	nbursed ing expense	es .				YES	NO	\$ \$ \$	
8	d) e) f) g) h) i)	Contribution Child care Transporta Medical co Annual foo Misc (expl	costs includation sts not reim d and clothi ain) ase check)	nbursed ing expense	PS .				YES YES	NO NO	\$ \$ \$	
8	d) e) f) g) h) i) Property (a)	Contribution Child care Transporta Medical co Annual foo Misc (expl Assets (ple do you own do you own	costs includation sts not reim d and clothi ain) ase check) n your own in other prop	nbursed ing expense							\$ \$ \$	
8	d) e) f) g) h) i) Property (a) b)	Contribution Child care Transporta Medical co Annual foo Misc (expl Assets (ple do you own do you own	costs includation sts not reim d and clothi ain) ase check) n your own in other propin your own	nbursed ing expense residence erty automobile(s)				YES	NO	\$ \$ \$	
8	d) e) f) g) h) i) Property (a) b)	Contribution Child care Transporta Medical co Annual foo Misc (expl Assets (ple do you own do you own	costs includation sts not reim d and clothi ain) ase check) n your own n other prop n your own please indi	abursed ing expense	s)				YES	NO	\$ \$ \$	

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9	Investment / Cash assets (combine owned by you or spouse or jointly)									
	a)	Investments) jou o. op	ouse or join		\$			
	b)	Retirement or IRA's e	otc				\$		+	
	c)	Saving accounts	1			1	\$	1.	+	
	d)	Checking accounts					\$		+	
	e)	Other (describe)					\$		+	
		Other (describe)					Ψ		+	
10	Amount of	aid you are requesting	for this Pro	aram	<u> </u>				\$	
10	Amount of	Amount of Total Cost			over time		-		\$	
	_	Amount willing to pay		ing to repay	Over unite				\$	
	-	Total Cost of Program	n including a	ir fare (IC to	include \$1	500 hosting	estimate)		\$	
	-	Total Cost of Frograf	i including a	i laie (10 to	Jillolade w	Joo nosting (estimate)	 	Ψ	
11	Please list	any special financial c	ircumetance	c (ea. illnece	e enecial h	ousing probl	eme cenaral	tion agreeme	nte	e)
11	ANSWER	arry special infancial c	ilcumstance	s (eg. iiiies	s, special II		ellis, separai	lion agreeme	116	>)
	ANSVER		-						+	
	-						-		+	
	-		-						+	4:
			-				-		+	
	-								+	
	_		-		· · · · · · · · · · · · · · · · · · ·	-		-	+	
12	If you wich	the Committee to cor	cidor any oth	or informati	on that wa	chould aval	into ro this or	polication	+	
12		scribe or add a separa		Iei iiioiiiati	Off that we	SHOULD EVAIL	late le tills a	pplication	+	
	r lease des	scribe or add a separa	le sheet	-					+	
	-								+	
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-									+	
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-						!			+	
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	_						-		+	
40	Mould	ha willia a ta massida s			- CICVANV				+	
13		be willing to provide v	olunteer time	e for work to	I CISV NY	and what we	oula you ao		+	
	ANSWER		-		,				+	
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	-			-		-			\dashv	
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-									+	
-	_		-						+	
4.4	Cimeratura							-	+	
14	Signatures		-			1-1-			\perp	
-		Father				date			\dashv	
3.6		Mother				date			_	
		Guardian	<u> </u>			date			+	
		Telephone contact in	TO:			-			1	
		Email contact info:	<u> </u>		-6-1-1				\dashv	
	-	Note: If person	signing has s	sole custudy	of delegat	e please ind	cate		\dashv	
	DETUD	A DDI IOATION AND	FEDERA!	1040 TO					\dashv	
-		APPLICATION AND	FEDERAL	1040 10					4	
		York Treasurer				-			\dashv	
	Joe Jarer	***************************************	ļ			-			4	
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	jarencio.cisv@gmail.com									