



CONFIDENTIAL
AMERICAN YOUTH FOUNDATION
2022 SCHOLARSHIP APPLICATION
(To be completed by parent or guardian)

Camper's full name _____

AYF Site: [] Miniwanca [] Merrowvista 2022 Program _____

Previous AYF program(s) and year(s) attended _____

Name of parent(s)/guardian(s) _____

Address _____
Street City State Zip

Home Phone (_____) _____ Business Phone (_____) _____

Parents marital status: [] Married/Domestic Partnership [] Single [] Divorced [] Separated

Camper Lives With: [] Both Parents [] Mother [] Father [] Other (specify) _____

Number of children and dependents parent(s)/guardian(s) are supporting _____

Occupation: _____ Occupation: _____

Parent/Guardian _____ Parent/Guardian _____

Total Adjusted Gross Yearly <u>Household</u> Income for All Adult Members of your Household: \$ _____	Please mark one: Filed Jointly[<input type="checkbox"/>] *Filed Separately[<input type="checkbox"/>]
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Please attach a copy of your latest filed IRS Federal Income Tax form including signature page (i.e. Form 1040; Form 1040 A; Form 1040 C; Form 1040 ES; Form 1040 EZ; Form 1040 NH; or Form 1040 SS). (Copies of IRS "schedule" forms are not needed)
***If filed separately, please attach copies for both individuals.**

1) Has your employment status or income information changed since your last tax filing? If yes, please indicate any changes below:

2) Have you had any out of the ordinary or unusual expenses you would like us to consider when determining your scholarship amount? If yes, please indicate below:

Parent/Guardian: Please complete this section for the camper you are registering in an AYF program.

1. Tuition fee for AYF session your camper is attending _____
2. Paid registration fee (add \$300 here if you have paid it) _____
3. Amount of tuition camper will be paying _____
4. Amount of tuition parent/guardian will be paying _____
5. Amount of tuition to be funded by other source (non AYF) _____
6. **Total payment and discounts (add lines 2,3,4, and 5)** _____
7. **Amount of scholarship you are requesting (subtract 6 from 1)** _____

I declare the information provided above to be true and complete.

Signed _____ Date _____

Relationship to Camper _____

**Please return the completed form to AYF Registrar, Lisa Boucher, at lboucher@ayf.com
or mail to American Youth Foundation Attn: Registrar 147 Canaan Rd. Center Tuftonboro, NH 03816**

Thank you!