

7/2025 to 6/2026 Financial Aid Application

Valley Forge Educational Services (VFES) offers a limited number of financial aid awards to be used toward Specialized Recreation Services. Financial Aid applications are reviewed on a first-come, first-serve basis and will only be considered if complete and received by May 1, 2025

Completed applications should be submitted to camp@vfes.net.

Applicants must meet the following criteria to be considered for financial aid:

- Under Age 21
- Pennsylvania Resident
- Proven Financial Need- Gross Family Income under \$100,000

Indicate the Specialized Recreation Services program(s) for which you are seeking Financial Aid:

- ☐ VIP
 ☐ Aug. 10 – 22
 Camp Vanguard @
 Kwebbec
 ☐ Sept. Camp Innabah
 ☐ Nov. Mt. Gilead
 ☐ March Mt. Gilead
 ☐ May Camp Kwebbec

_____ Date of Birth: _____ Grade: _____

- a. Does the participant who will be attending our program(s) have an identified disability? Y ☐ N ☐
- b. If you answered "Yes" above, does the participant attend a special education school. If so, what school? Y ☐ N ☐ _____

II. Parent/Legal Guardian (residing with student)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

III. Contact Information

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Other Phone: _____

IV. Household Information

List the names and relationships of all individuals in the household. Circle the appropriate response to indicate whether or not the person is a dependent in accordance with IRS Regulations. Include additional pages if needed.

Name	Relationship	Age	Dependent?
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>

V. Annual Household Income

Please indicate your annual household income: _____ **Proof of income is required to be considered for Financial Aid.

Prior year tax return plus one of the following documents must be included with your application – last month of pay stubs or SS/CAO Award Letter for all members of the household.

By signing below, I acknowledge that the above information is true and accurate, to the best of my knowledge.

Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____

Recreation Office Use	Date Received: _____	Date Submitted for Review: _____	Initials: _____
Business Office Use	Date Reviewed: _____	FA Awarded? Y <input type="checkbox"/> N <input type="checkbox"/>	Date Award Letter Sent: _____ Initials: _____