

**Camellot Academy Financial Aid Application**

Print and fill out this form. Send it with a copy of your latest Federal income tax return to:

Camellot Academy  
c/o 15506 Cedar Lane  
Bonner Springs, KS 66012-7388

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

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Parent(s) with whom camper resides \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Division (circle one)

Junior Division

Half day      Half day AM plus T/Th PM      Half day AM plus M/W/F PM      Full day

Senior Division      Full day

Number of children in family \_\_\_\_\_

Have you received financial aid from Camellot before? \_\_\_\_\_

If more than once, how many times? \_\_\_\_\_

Mother's occupation \_\_\_\_\_

Mother's place of employment \_\_\_\_\_

Mother's length of employment \_\_\_\_\_

Mother's gross income \_\_\_\_\_

Father's occupation \_\_\_\_\_

Father's place of employment \_\_\_\_\_

Father's length of employment \_\_\_\_\_

Father's gross income \_\_\_\_\_

Marital status \_\_\_\_\_

Monthly child support (if applicable) \_\_\_\_\_

Mother disabled? Yes No (circle one)

Father disabled? Yes No (circle one)

Social Security monthly benefit \_\_\_\_\_

Total medical and dental expenses not cover by insurance \_\_\_\_\_

Please detail any extenuating circumstances.

Information is confidential and essential for consideration.