

**Application Deadline:**

Applications for the 2017 Summer Arts & Media Camp must be received by March 15, 2017.

**STEP 1. Complete the Financial Aid Application Form**

Complete both sides of the attached Financial Aid Application Form. One application per camper please. **All** sections must be completed. If a section does not apply to you, please write "N/A" in the space provided. If you do not fill out the application completely, the financial aid committee will not review your application. Please write as neatly as possible. If you need assistance with the application, please speak with a staff member at (312) 369-3100.

**STEP 2. Attach Your Financial Documents**

Attach copies of each of the following documents **with** your Financial Aid Application. (Do not send originals. We are unable to make copies and originals will not be returned.)

- Signed 2015 (or most recent) **federal** income tax return. Please do not send your Illinois state income tax return. If you did not file taxes last year, you must include a signed letter stating why you did not file taxes, and you must attach copies of any paperwork indicating your earnings and income for the year.
- Copy(s) of all W2's issued from your employer(s) from last year.
- If you received public assistance, social security, disability, unemployment, food stamps, WIC, child support, or any other financial assistance, you must include a copy of the relevant documents indicating the dollar amount you receive on a monthly basis.

**STEP 3. Pay the Application Fee**

Include with your application a \$20 financial aid application fee for **each** camper that is applying for financial aid. (Make check or money orders payable to Columbia College Chicago.) Applications will not be processed until payment is received.

**STEP 4. Submit Your Application**

Mail (or deliver in person to the Student Services Desk) the above documents together to:

**Columbia College Chicago  
Summer Arts & Media Camp  
Financial Aid Department  
1312 S. Michigan Ave.  
Chicago, IL 60605**

After we receive and review your completed application, we will **email** you your financial aid award decision. If you do not receive an email at least three days prior to the April 1 payment due date, please contact us via email at [summercamp@colum.edu](mailto:summercamp@colum.edu).

**Important Information About the Financial Aid Program**

- Financial aid is available to all students eligible to attend the Summer Arts & Media Camp.
- Fill out one financial aid form PER APPLICANT. If more than one camper is applying for financial aid, please complete a separate form and make a \$20 payment for EACH applicant.
- Financial aid for the Summer Arts & Media Camp is not a loan, and students are not required to pay back the amount at a later date.
- All personal information submitted as part of the financial aid application process is held in strict confidence.
- Please do not pay in full for the camp at the time of registration if you are considering applying for financial aid. Either apply for financial aid first before enrolling your child, or pay only the required deposit at the time of registration. Financial aid cannot be applied retroactively to payments you've already made for the camp, only to future payments.
- If, upon receiving your financial aid award notification, you feel that the amount of the award is not sufficient for your needs, you may request a re-review of your application, along with a detailed explanation as to why you feel you require an increased amount of aid.

**Please complete both sides of this application. Incomplete applications will not be reviewed.**

**Please print legibly.**

**Camper Information**

New Camper       Returning Camper       Male       Female

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Academic School \_\_\_\_\_

Student/Parent(s) Place of Employment \_\_\_\_\_

How did you hear about the camp? \_\_\_\_\_

**Financial Information**

<ul style="list-style-type: none"> <li>• What is the annual adjusted gross income of the person(s) who, on their income taxes, claims as a dependent the student listed on this form? (<i>Line 37 on form 1040, line 21 on form 1040A or line 4 on form 1040EZ</i>) If you did not file taxes this year, please indicate your estimated yearly household income and attach as much documentation as possible to support your claim.</li> </ul>	\$
<ul style="list-style-type: none"> <li>• Is there someone other than the parent/guardian listed above who provides financial support to the child?</li> <li>• If so, who are they and what is their annual income? _____</li> </ul>	\$
<ul style="list-style-type: none"> <li>• Do you receive any other income to support the child for whom you are requesting financial aid? If so, please indicate below the dollar amount you receive on a monthly basis and check the appropriate sources below.</li> </ul> <p> <input type="checkbox"/> Social Security    <input type="checkbox"/> Disability    <input type="checkbox"/> Unemployment    <input type="checkbox"/> SNAP/WIC  <input type="checkbox"/> Child Support    <input type="checkbox"/> Other _____         </p>	\$

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**Additional Information**

The financial aid committee will also take into consideration any special circumstances regarding your current family or financial situation. Please add any comments below that you feel would be important for the financial aid committee to consider when reviewing your application. If you need more room, feel free to include a separate letter with your application.

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My/our signature(s) below guarantee that all of the information submitted is accurate and truthful and that I/we agree with the Financial Aid Policies as stated in this Application:

Signature(s) of Student /  
Parent(s) / Guardian(s)

Date



**Financial Aid Payment Voucher**

A \$20.00 financial aid application fee is required at time of application submission.

Cash

Check/Money Order

Credit/Debit Card

**Credit Card Information**

**Circle One:**      Visa                      Mastercard                      Discover                      American Express

Cardholder's Name:

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Card Number:

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Expiration Date:

CVV Code:

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*Staff Use Only: Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_*

