



## ARCC Programs Financial Aid Application: 2024 Guidelines

Dear Financial Aid Applicant,

Thank you for your interest in ARCC Programs. ARCC Programs has set aside funds available to sponsor students who wish to participate in our adventures, but are unable to afford the full price of a program. The amount of financial aid granted to a student depends upon the family's need, the cost of the trip, and the number of students applying for financial aid. **Typical amounts of aid range from \$500 to \$2,000.** Please do NOT apply for financial aid unless you require it, as you may be taking funds from others who truly need them.

### To apply for financial aid, please submit the following:

- Financial Aid Application (general information and financial details)
- Parent/Guardian Statement (explaining why you are requesting aid)
- Student Statement (explaining why the student would like to enroll in an ARCC program)
- Copy of 2022 or 2023 Tax Return for both Parents/Guardians (whichever year is the most recent completed tax return you have)

***Note: You do NOT need to submit the usual \$800 deposit until April 13th if you've been awarded financial aid.***

### TIMELINE:

<b>March 15, 2024:</b>	Complete Financial Aid Application Due to ARCC
<b>March 29, 2024:</b>	Notification of Financial Aid Availability from ARCC
<b>April 13, 2024:</b>	Acceptance of Financial Aid - Deposit & Online Application Due to ARCC
<b>May 15, 2024:</b>	Tuition Balance Due

### CONFIDENTIALITY:

All financial aid applications will be kept in the strictest confidence. Only senior staff will evaluate them. They will be destroyed at the end of the 2024 season. No participants on the program will know of the financial aid awarded to your family.

### QUESTIONS:

Contact Mara Isbell at 415-332-5075 ext. 401 or [mara@arccprograms.com](mailto:mara@arccprograms.com)



**ARCC Financial Aid Application: General Information**

**Student's Name** \_\_\_\_\_ **Student Preferred Name** \_\_\_\_\_  
School Name \_\_\_\_\_ Current Grade \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Email \_\_\_\_\_

**Parent/Guardian 1 Name** \_\_\_\_\_ **Parent/Guardian 1 Relationship** \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Employer \_\_\_\_\_

**Parent/Guardian 2 Name** \_\_\_\_\_ **Parent/Guardian 2 Relationship** \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Employer \_\_\_\_\_

**Please list the student's program choices in order of preference:**

	PROGRAM	DATES
1 <sup>st</sup> Choice	_____	_____
2 <sup>nd</sup> Choice	_____	_____
3 <sup>rd</sup> Choice	_____	_____
4 <sup>th</sup> Choice	_____	_____

If financial aid were not available for any of the above programs, would the student be interested in receiving financial aid for any other programs? Yes \_\_\_\_\_ No \_\_\_\_\_



## ARCC Financial Aid Application: Financial Details

### TAXABLE INCOME

	Parent/Guardian 1	Parent/Guardian 2
Salary and Wages	\$	\$
Dividend and/or interest income	\$	\$
Alimony received	\$	\$
Net profit/loss from business	\$	\$
Other taxable income	\$	\$
<b>TOTAL TAXABLE INCOME</b>	<b>\$</b>	<b>\$</b>

### NON-TAXABLE INCOME

	Parent/Guardian 1	Parent/Guardian 2
Child Support	\$	\$
Social Security Benefits	\$	\$
Other Non-taxable income	\$	\$
<b>TOTAL NON-TAXABLE INCOME</b>	<b>\$</b>	<b>\$</b>

### SIGNIFICANT ASSETS

<b>Primary Residence (if owned)</b>	<b>Secondary Residence (if owned)</b>
Year Purchased_____	Year Purchased_____
Purchase Price_____	Purchase Price_____
Present Market Value_____	Present Market Value_____
Current Mortgage Total_____	Current Mortgage Total_____
Annual Mortgage Payments Total_____	Annual Mortgage Payments Total_____

**We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete.**

Parent/Guardian 1 Name\_\_\_\_\_ Parent/Guardian 1 Signature\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 Name\_\_\_\_\_ Parent/Guardian 2 Signature\_\_\_\_\_ Date \_\_\_\_\_