



ARCC Programs Financial Aid Application: 2025 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 details, pages 2 & 3 of this document)
- 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 2023 or 2024 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 15th if you've been awarded financial aid.

TIMELINE:

March 15, 2025	Complete Financial Aid Application Due to ARCC
April 1, 2025	Notification of Financial Aid Availability from ARCC
April 15, 2025	Acceptance of Aid - Deposit & Online Application Due
May 1, 2025	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 2025 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, mara@arccprograms.com or the Summer Director of the program you're interested in applying for.



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 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____
4 th 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	\$	\$
TOTAL TAXABLE INCOME	\$	\$

NON-TAXABLE INCOME

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

SIGNIFICANT ASSETS

Primary Residence (if owned)	Secondary Residence (if owned)
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 _____