

Camp Starlight

Request for Fee Reduction

MUST BE RETURNED BY FRIDAY, APRIL 24, 2020

The Michigan Dyslexia Institute (MDI) is continuously raising money to help persons with dyslexia who are unable to afford the camp fee. While funds for this purpose are always in great demand and short supply, MDI tries its best to assist each individual.

To be considered for help, certain information is required. The following questionnaire must have both pages completed. **The parent(s) having legal custody of the child must include copies of pages one and two of their most recent Federal Income Tax Return.**

All Information provided shall be kept in the strictest confidence and shall be used only to determine eligibility for financial assistance. Where persons are judged to be eligible for help, actual fee reductions will be dependent upon the availability of funding.

Student's Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____
 Birth Date: _____ If in school, Grade _____ School _____
 Father's full name: _____
 Occupation: _____
 Current Employer: _____ Years employed: _____
 Work Phone: _____
 Mother's full name: _____
 Occupation: _____
 Current Employer: _____ Years employed: _____
 Work Phone: _____
 Parent's Marital Status: _____

List names and ages of dependents claimed on Federal Income Tax Form:

_____	_____
_____	_____
_____	_____

\$500 Camp Fee

How much can you pay? _____

(Please see page 2 for additional information)

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Gross Income of family from your latest Federal Income Tax return: _____

PLEASE ATTACH A COPY OF ALL IRS FORMS YOU SUBMITTED WITH YOUR LAST FEDERAL INCOME TAX RETURN RELATING TO THESE ITEMS.

Does the family receive other non-taxable income (monthly) from:

Any Public Agency	Yes	No	Amount: _____
Child Support	Yes	No	Amount: _____
Social Security	Yes	No	Amount: _____
Veterans Benefits	Yes	No	Amount: _____
Unemployment	Yes	No	Amount: _____
Any Other Source	Yes	No	

Please complete the following information (payments per month)

Monthly Net Income: _____

Loan Payments:

Mortgage: _____

Car: _____

Other Installment Loans: _____

If you have additional information about your financial situation that you want to share with us, please use the box below:

Monthly Expenses:

Medical/Dental: _____

Legal Expenses: _____

Education Expenses: _____

Other Monthly Expenses: _____
(food, utilities, etc.)

If You Own Property:

S.E.V. House: _____

S.E.V. Cottage: _____

Estimated Value: _____

Other Investments: _____

Divorced or Separated Parents:

Who claims the student as a tax dependent? _____

Is there any agreement specifying a contribution for student education? Yes ___ No ___

I certify, to the best of my knowledge, that the above information is accurate

Signature of parent or applicant: _____ **Date:** _____