



3825 Wisconsin Ave., NW
Washington, DC 20016
(202) 537-8133
fax: (202) 537-2483

www.sidwell.edu/summer
e-mail: summer@sidwell.edu

Thank you for inquiring about Sidwell Summer's Sponsorship Fund. Since its establishment for the Summer of 2002, the Sidwell Summer Sponsorship Fund has helped to bring enriching, fun summer activities to families that might not otherwise be able to participate. Our program is funded in part by contributions from other camper families.

Enclosed is a 2010 application. If you are interested in applying for sponsorship, please complete the form and return it with the Summer Application. Both completed forms are necessary for a request to be processed.

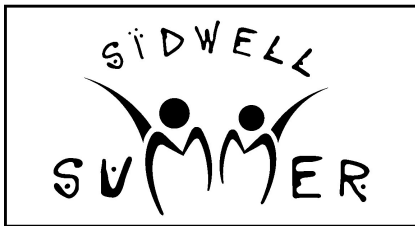
For 2010, we will have two rounds of Sponsorship awards. Sponsorship requests received by February 15 will be processed and decisions made by March 1. Requests received after February 15 will be processed by April 15 and notified by April 30.

Sponsorship for Sidwell Summer's programs is limited and due to construction projects occurring during the 2010 summer season, spaces will be even more limited. In our efforts to try to serve as many families as possible, individuals will only be awarded **one or two sessions** of assistance, not multiple sessions. If there are a number of programs that you are interested in, please indicate your order of preference. All fees for summer programs must be received by June 1 to remain enrolled in Sidwell Summer.

If you have any questions please contact Sidwell Summer at 202-537-8133 or email us at summer@sidwell.edu.

Best wishes,

Sponsorship Committee
Sidwell Summer Programs



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Sidwell Summer 2010 Sponsorship Aid Request Form

Sponsorship assistance to Sidwell Summer Programs is limited as well as based on space availability within any given program. Sponsorship decisions are made by the Sidwell Summer Director, the Director of Auxiliary Programs and the Sponsorship Committee. Sidwell Summer reserves the right to deny sponsorship. Completing this form does not guarantee or entitle the student applicant to sponsorship from Sidwell Friends School or Sidwell Summer. Form must be returned with a completed Application Form indicating courses/programs requested.

Please type or print.

1. Student applicant's name.

Last Name First Name M.I.

2. Student applicant's address.

Number and Street _____
City _____
State and Zip Code _____

3. Sex: Male Female 4. Student applicant's date of birth _____ Age _____
Month Day Year

5. Student applicant's grade for 2008-09 _____

6. School student applicant currently attends _____

7. Is the school named on line 6 tuition-charging? Yes No

7A. If yes, please indicate whether boarding or day and total annual cost: Day Boarding Annual Cost: \$ _____

8. Do/will you receive financial assistance from the student applicant's school? Yes No

8A. If yes, indicate percentage of financial aid _____ % and dollar amount \$ _____

9. Student applicant lives with (check all that apply):

Father Mother Stepfather Stepmother Male Guardian Female Guardian

10. Check all that apply to the parents, stepparents, or guardians completing this form:

Parents Separated Parents Divorced Single Parent Male Disabled Female Disabled
 Male Deceased Female Deceased

Please indicate which address is the Billing Address.

11. Guardian 1 (indicate relationship: _____)

Name _____

Home address _____

Home phone _____

Occupation _____

Employed by _____

Full time Part time Work phone _____

11A. Guardian 2 (indicate relationship: _____)

Name _____

Home address _____

Home phone _____

Occupation _____

Employed by _____

Full time Part time Work phone _____

12. If parents are separated or divorced, please provide the following information about non-custodial parent.

Full name _____
 Home Address: Number and Street _____
 City, State and Zip Code _____
 Home and Work Telephone Numbers (H) _____ (W) _____

13. How many **CHILDREN** reside in your home and/or receive financial support from you? _____

14. For which session(s) and program(s) are you requesting financial assistance? **Completed Sidwell Summer Application must be attached; please indicate preference of programs as limited sessions may be awarded.** _____

15. Total program cost for line 14. \$ _____

16. How much of the total program cost (line 15) can you afford to contribute? **Note: Applications will not be processed if this is left blank.** \$ _____

17. Parents/Guardians' income and expenses.

INCOME	EXPENSES
gross monthly income	monthly mortgage/rent
take home pay	monthly vehicle payments
other monthly income	monthly household
assets (bank accounts, investments, trust funds, etc.)	monthly health/life/property Insurance
	monthly medical/dental (not covered by insurance)
	monthly child care
	monthly educational expenses
	monthly personal indebtedness
	monthly consumer indebtedness
	monthly other

18. Please use a separate piece of paper to explain any information or unusual circumstances that you would like us to know. Sidwell Summer admits students of any race, color, national and ethnic origin and does not discriminate on the basis of race, color, national and ethnic origin.

We declare that the information reported on this form is true and complete to the best of our knowledge and belief. We understand that sponsorship to Sidwell Summer is limited and based on space availability within any given program and that sponsorship decisions are made by the Sidwell Summer Sponsorship Committee. We also understand that Sidwell Summer reserves the right to deny sponsorship and that completing this form does not guarantee or entitle the student applicant to sponsorship from Sidwell Friends School or Sidwell Summer.

Guardian 1	Guardian 2 (if applicable)
_____ Signature Date: _____	_____ Signature Date: _____