



Financial Award Application 2025

Instructions:

1. Complete the following form for each child you wish to enroll.
2. Make a copy of the first two pages of your federal income tax return for 2024.
3. Photograph or scan all documents and email to FASummer@nuevaschool.org.

1. Camper Name: _____ 2. Grade entering in Fall 2025: _____

3. School attending in Fall 2025: _____

4. Parent Name: _____ 5. Phone: _____

6. Home Address: _____

7. Parent Email: _____

8. Please indicate below the session(s) that you want to register for and the total cost of those sessions.

	Camp (Lower, Middle, or Upper School)	Weekly Camp Cost Weeks 1, 3, 4, 5 = \$850 Week 2 = \$680	Maximum amount your budget will allow per week
Week 1: June 23-27			
Week 2: June 30-July 3			
Week 3: July 7-11			
Week 4: July 14-18			
Week 5: July 21-25			
		Total \$	Total \$

9. Please tell us some financial information about you and your family. Feel free to add any additional information that will help us with your application.

Gross annual household income from all sources: \$ _____

Additional information: _____ Number of people in household: _____

10. Please attach the first two pages of your 2024 federal tax return.