



# Memo

**TO:** Parent / Guardian of Camper  
**FROM:** Rhonda L. Scoby  
Texas Asthma Camp Director  
**RE:** Instructions Regarding Your Financial Aid Application

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Thank you for your interest in sending your child to **Texas Asthma Camp** - sponsored by UT Health Northeast with support from the East Texas Communities Foundation – Texas Chest Foundation Fund. Included with this memo is an application for financial aid. **Please fill in ALL of the requested information – unfortunately we can't consider your financial aid application until it is accurate and complete.**

It is also important that you **complete the online registration form and submit it, along with the required and non-refundable \$25 registration fee, even if you are applying for financial aid.** These steps are necessary to reserve a place for your child while you are completing the remaining paperwork including the Financial Aid Application.

We understand that you may want to know your financial aid status **before** you complete the Release and Medical forms, so you do have the option of sending in the Financial Aid Application along with the \$25 registration fee. We will review your financial information and notify you in a timely manner as to the amount you will be eligible for.

Because we know how valuable the Asthma Camp experience is in improving the health and wellbeing of kids with asthma, we are committed to seeing that money is not a barrier to registration. However, we want to make sure that the kids who need help the most get it, so we will also ask you to consider how much you can contribute toward the cost of camp in addition to the \$25 registration fee.

If you receive part or all of the \$250 balance as financial aid, please consider sending a thank-you note or letter to the organization that makes this support possible – East Texas Communities Foundation – Texas Chest Foundation Fund. You can write the letter/note to “Dear Asthma Camp Committee:” and mail it to the following address before or after camp:

**East Texas Communities Foundation  
Texas Chest Foundation Fund  
315 N. Broadway Ave.  
Tyler, TX 75702**

If you have any questions about the financial aid process, you may email Dexter Jones at [dexter.jones@uthct.edu](mailto:dexter.jones@uthct.edu) or call him at (903) 877-5137. We look forward to seeing you at camp!

Respectfully,

Rhonda L. Scoby  
Camp Director

**TEXAS ASTHMA CAMP  
APPLICATION AND ELIGIBILITY CERTIFICATION FOR FINANCIAL AID**

Child Attending Camp \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Completing Form \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

The total cost of camp is \$275. I would like to ask that my child be considered for financial aid. I understand I must pay the \$25 camp application fee regardless of this financial aid application. I am able to pay an additional \$ \_\_\_\_\_ toward the balance of \$250. I ask for financial aid for the remaining amount of \$ \_\_\_\_\_.

**Financial Information**

Parent/Guardian #1 Employer Name and Telephone \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Parent/Guardian #2 Employer Name and Telephone \_\_\_\_\_ Monthly Salary \_\_\_\_\_

**Please List Other Income:**

Social Security _____	Veteran's Pensions _____	Welfare Payments _____
Interest Income _____	Unemployment _____	Alimony _____
Worker's Compensation _____	Pension/Annuities _____	Child Support _____

**TOTAL MONTHLY  
INCOME**

**Please list the name of each person including yourself who lives in your household, what their relationship is, his/her social security number, birth date, and eligibility for Medicaid, TANF, and/or SNAP. **ALL REQUESTED INFORMATION MUST BE PROVIDED TO BE CONSIDERED.****

Name	Relationship	SS Number	Birthdate	Medicaid Eligible	TANF Eligible	SNAP Eligible

By my signature, I agree that the information provided on this document is **accurate and complete**. I understand that this information may be subject to verification and that financial aid for my child will **NOT** be considered UNTIL this form is incomplete.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_