



Summer Animation Camp / After School Animation Workshops Financial Aid Application

THE WALT
DISNEY
FAMILY
MUSEUM

The Walt Disney Family Museum understands that raising a family in the San Francisco Bay Area can be an expensive proposition. To ensure that all children have the opportunity to take advantage of our summer camps, we are pleased to announce reduced fees for qualified families.

To be considered for financial aid, you must submit the following:

- Copies of your 2013 and 2014 Federal Income Tax Return (1040 with all federal schedules) for all parents/guardians, including W-2s and 1099s for all parents/guardians.
- Copies of monthly mortgage statement or receipts for rent checks for two consecutive recent months or copy of current lease.
- Statement of need

The Walt Disney Family Museum will consider applications until all spots are filled.

Please send all applications to:

Education Department
The Walt Disney Family Museum
104 Montgomery Street
The Presidio of San Francisco
San Francisco, CA 94129

Alternately, email the package to education@wdfmuseum.org or fax on a secure line to 415.345.6869



Summer Camp / After School Animation Workshops
Financial Aid Application

Child Information

Name _____

Age _____ Male _____ Female _____

School _____

Public _____ Private _____

Summer Camp Offerings

Artimation: Jun 15-19, Jun 22-26, Jun 29-Jul 3 | Mon - Fri | 9am-4pm | Ages 8-10 | \$325 members, \$360 non-members

Introduction to Animation: Jul 6-17 | Mon - Fri | 9am-4pm | Ages 11-13 | \$650 members, \$720 non-members

Create an Animated Short*: Jul 20-31 | Mon-Fri | 9am-4pm | Ages 11-13 | \$650 members, \$720 non-members

From Sketch to Screen with Animation Collaborative*: Aug 1-15 | Tue-Sat | 9am-4pm
\$820 members, \$900 non-members

* = Additional application required, see waltdisney.org/summer-camps to download an application.

Post-care

Supervised program post care available after every camp from 4-5:30pm for an additional \$60 per week.



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Family Information

PARENT 1: Parent / Guardian / Stepparent / Other

Name _____

Email _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Cell Phone _____

Work phone _____

PARENT 2: Parent / Guardian / Stepparent / Other

Name _____

Email _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Cell Phone _____

Work phone _____

Relationship between Parent 1 and Parent 2

Married ____ Separated ____ Divorced ____ Partner ____ Other ____





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Family Information continued

Parent 1 filing status

Married ____ Head of household ____ Single ____

Parent 2 filing status

Married ____ Head of household ____ Single ____

Who claims applicant for tax purposes?

Both Parent 1 & Parent 2 ____ Parent 1/Parent 2 alternate years ____

Total exemptions claimed on most recent tax return? _____

Parent(s) + Children + Other = Total

Annual income amount

Enter "0" if category does not apply

Parent/guardian 1 gross wages \$ _____

Parent/guardian 2 gross wages \$ _____

Alimony income (schedule C) \$ _____

Unemployment, disability, VA benefits \$ _____

Social security \$ _____

Food stamps, other government assistance \$ _____

Child support income \$ _____

Indirect child support \$ _____

Expenses paid by others on behalf of your child

TOTAL ANNUAL INCOME \$ _____



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Family Information continued

Average monthly expenses amount

Rent or mortgage (include real estate taxes) \$ _____

Recurring household expenses (food, utilities, etc.) \$ _____

Auto loan or lease payments \$ _____

Alimony and child support expense \$ _____

Monthly tuition expense (day care, private school, college, etc.) \$ _____

Children's extracurricular expenses \$ _____

Insurance expenses \$ _____

TOTAL MONTHLY EXPENSES \$ _____



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Financial Information

Statement of Need

Please describe your family's current economic hardships and any significant changes in your family's economic situation over the past year.

Applicants must sign the following statement to indicate they have read and agree to the following terms:

I hereby certify that all information included in this application is true, complete, and correct. I authorize The Walt Disney Family Museum to make anonymous and share this information with members of the financial aid committee for the purpose of granting a financial aid award. I also authorize The Walt Disney Family Museum to make additional inquiries as needed to assure this information's accuracy.

Parent/Guardian 1 signature _____

Parent/Guardian 1 signature _____