

**Financial Aid Application due at least two weeks prior to each camp session.**

**Camper information:**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_  
Parent/Guardian Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_  
School \_\_\_\_\_  
Choice of camp session \_\_\_\_\_

**Family Information:**

Name(s) of parent/guardian \_\_\_\_\_  
People in household: # Adults \_\_\_\_\_ # Children \_\_\_\_\_  
Total annual family income from all sources (circle):  
Under \$10,000      \$10,000-\$19,999      \$20,000-29,999      \$30,000-\$49,999  
\$50,000+

Check the following which applies to the camper:

- Multiple siblings attending camp  
 Family qualifies for free/reduced school lunch

Please describe the circumstances for financial need, such as medical expenses, unemployment, illness, etc. All information is kept confidential. Attach an additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Camp session requested: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Return your Financial Aid Application two weeks prior to camp session requested.**