



# CAMP WASHINGTON - FINANCIAL AID APPLICATION

**2012**

Financial assistance is awarded to children who could not otherwise attend camp and will be awarded on the basis of need. To apply, parent(s)/guardian/foster parent(s) should complete the following form and return it to *Camp Washington, 190 Kenyon Road, Lakeside, CT 06758* with a signed copy of your 2011 Federal Tax Return or proof of Financial Assistance before **May 15th**. You will be notified by mail regarding your confidential application for assistance no later than **June 1st**. Financial Aid applications received after May 15<sup>th</sup> will be considered as long as funds are still available.

### PLEASE NOTE:

- To apply for financial aid a \$100 per session deposit is required for registration
- If the financial aid received is not adequate, your \$100 deposit(s) will be refunded upon your cancellation
- Camp Washington does **not** award 100% financial aid.
- Financial Aid will be considered for a maximum of 2 one-week sessions & a stay-over weekend only
- Horseback riding lessons are eligible for financial aid funds as one of the 2 maximum sessions at the same percentage awarded for camp tuition

Please type or print the following information:

### I. General Information

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Parents/Guardian/Foster Parent Name (circle one): \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

With whom is camper living? (check one) Both Parents Mother Father Guardian Foster Parent

### II. Annual Household Income Information (Complete All That Apply)

Employment (Gross Family Income): \$ \_\_\_\_\_ yearly

Other Income (child support, disability, unemployment, DCF, State/Public Assistance) \$ \_\_\_\_\_ week/month/yearly (Circle One)

**\*\* PLEASE ATTACH A COPY OF YOUR SIGNED 2011 FEDERAL TAX RETURN/PROOF OF PUBLIC ASSISTANCE OR YOUR REQUEST WILL NOT BE PROCESSED. \*\***

Number of children being supported by Parent(s)/Guardian/Foster Parent \_\_\_\_\_ Ages \_\_\_\_\_

Are other dependents living with the family? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages/relationships \_\_\_\_\_

Unusual financial obligations (e.g. medical and dental bills, education)  
\_\_\_\_\_  
\_\_\_\_\_

### III. Church Affiliation

Name, Address, Phone \_\_\_\_\_

Clergy Name: (priest, minister, pastor) \_\_\_\_\_ Episcopal Other  
(please print)

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE:

Parent/Legal Guardian/Foster Parent:

Signature \_\_\_\_\_ Date \_\_\_\_\_