



**CAMP WASHINGTON – FINANCIAL AID APPLICATION**

Financial aid is available to youth who without assistance would not otherwise be able to attend camp, and will be awarded on the basis of need. To apply, parent(s)/guardian/foster parent(s) must complete the following form and return it with a signed copy of your 2017 Federal Tax Return or proof of Financial Assistance to:

*Camp Washington, 190 Kenyon Road, Lakeside, CT 06758*

All requests for Financial Aid **must be received before May 15<sup>th</sup>** in order to be considered. You will be notified regarding your confidential application for assistance no later than **June 1st**.

**PLEASE NOTE:**

- To apply for financial aid, a \$50 deposit is required for registration.
- If the financial aid received is not adequate, your deposit will be refunded.
- Financial Aid will be considered for a maximum of 2 one-week sessions or 1 two-week session.
- ALL information including letters from parent AND camper **must be received in order to be considered**.

**Please type or print the following information:**

**I. General Information**

Camper’s Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

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

Address: \_\_\_\_\_  
                             Street                            City                            State                            Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Has the camper attended Camp Washington before? Yes \_\_\_ No \_\_\_  
 If so, when? \_\_\_\_\_

**II. Annual Household Income Information**

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 2017 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) or other hardships that we should consider:

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### III. Worshipping Community/Church Parish

Church Name, Address: \_\_\_\_\_

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Clergy Name: (priest, minister, pastor) \_\_\_\_\_

Episcopal     Other (Please Indicate)

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IV. Please describe how you believe your child(ren) will benefit from a Camp Washington experience, If your child(ren) has attended in the past, please discuss the impact the experience has had on them.

**V. Please explain why you are seeking financial aid.**

**VI. For Camper to fill out: Please describe why you want to come to Camp Washington this summer. What do you hope for this summer at camp? What are you excited about? What are you nervous about? If you have attended in the past, please describe what your experience was like and why you want to return.**

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

**Parent/Legal Guardian/Foster Parent:**

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Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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