

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 2024 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 June 1st** in order to be considered. You will be notified regarding your confidential application for assistance no later than **June 15th**. Financial Aid applications received after June 1st will be processed as they are received, and only if funds are still available.

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 1, one-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:

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 2024 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:

Unusual circumstances (e.g. camper supported financially by other family member, living with, etc.) that we should consider:

III. Worshipping Community/Church Parish

Church Name, Address: _____

Clergy Name: (priest, minister, pastor) _____

☐ Episcopal ☐ Other (Please Indicate)

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. CAMPER MUST 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:

Parent Signature _____ Date: _____

Camper Signature _____ Date _____
