

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 _____
