



Camp Woodbrooke

2008 Scholarship Application

(Confidential)

(Please include the completed camper application with this form and a \$100 deposit, which will be refundable if we can not work out a plan. Scholarship decisions will be made by mid-April.)

Camper's Name _____

What is the approximate combined gross family income per year (circle one)

Under \$20,000 \$20,000-\$60,000 (Specify Actual) \$_____ Over \$60,000

Number of members in household _____

Please state, in detail, what financial assistance is needed from the Woodbrooke Scholarship Fund and why. Let us know of any special circumstances. Attach an additional sheet if necessary.

Amount Requested: \$ _____

Reasons: _____

Please list the possible sources of scholarship you have already checked and their response.

- | | |
|--|------------------|
| Meeting or Church | Amount: \$ _____ |
| <input type="checkbox"/> Family | Amount: \$ _____ |
| <input type="checkbox"/> Friends | Amount: \$ _____ |
| <input type="checkbox"/> Local Foundations | Amount: \$ _____ |
| <input type="checkbox"/> County Agencies | Amount: \$ _____ |
| <input type="checkbox"/> Child Care Funds | Amount: \$ _____ |
| <input type="checkbox"/> ADC | Amount: \$ _____ |
| <input type="checkbox"/> American Camp Association | Amount: \$ _____ |
| <input type="checkbox"/> Other | Amount: \$ _____ |

Would monthly payments help you to manage the cost? Yes No

Signature of Parent or Guardian

Date

Camp Woodbrooke Scholarship

Source _____

Amount _____