Financial Assistance Application
(Confidential)

(Please include the completed camper application with this form and a $100 deposit, which will be refundable if we cannot work out a plan.)

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 financial assistance you have already checked, and their response:

☐ Meeting or Church Amount: $________
☐ Family Amount: $________
☐ Friends Amount: $________
☐ Local Foundations Amount: $________
☐ County Agencies Amount: $________
☐ Child Care Funds Amount: $________
☐ ADC Amount: $________
☐ American Camp Association Amount: $________
☐ Other Amount: $________

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

Is your family currently receiving TANF, SNAP, or IDHS Subsidized Medical Services?  ☐ Yes  ☐ No

Parent Name(s)__________________________________________  Date ______________________

Parent Signature _______________________________________  phone ___________________  email ___________________

Camp Woodbrooke Campership
(office use only)

Source________________________

Amount____________________