



# Camp Woodbrooke

## Financial Assistance 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.)

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:**

\_\_\_\_\_

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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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Camp Woodbrooke Scholarship  
Source \_\_\_\_\_  
Amount \_\_\_\_\_