

Applicant's name: _____ Birthdate: ____ / ____ / ____



ANDERSON WOODS SUMMER CAMP

4630 Adyeville Road, Bristow, IN 47515

Camp: (812) 639-1079

andersonwoods@psci.net

FINANCIAL ASSISTANCE APPLICATION

FINANCIAL INFORMATION

Family Adjusted Gross Income (AGI) as reported to IRS. Please note that we may request W-2's:

Less than \$20,000 \$20,000 - \$29,000 \$30,000 - \$39,000 \$40,000 - \$49,000
 \$50,000 - \$59,000 \$60,000 - \$69,000 \$70,000 - \$79,000 \$80,000 - \$89,000
 More than \$90,000

List any types of State or Federal Aide received:

Disability Unemployment Medicaid School Lunch Program
 Food Stamps / WIC / SNAP/ etc.

Parent Guardian 1 – Occupation:

Currently Employed:

yes no

Parent Guardian 2 – Occupation:

Currently Employed:

yes no

How many people does this income support?

Ages of Siblings:

REQUESTING AMOUNT

Have you received financial assistance from Anderson Woods Summer Camp in the past?

yes no If yes, what amount was given? _____

(Camp Cost = \$200 / session)

***We ask that you pay as much as your are able.**

What amount are you requesting for the 2018 camp season? \$ _____

Explain why you are requesting Financial Aid or any extenuating circumstances:

Will applicant be attending other camps or summer programs? If yes, please specify:

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CHECKLIST

___ **Complete the 2018 camper application and provide a copy of current insurance card.**

___ **Complete this Financial Assistance Application**

___ **Mail both to:** Anderson Woods Summer Camp
4630 Adyeville Road
Bristow, IN 47515

*You will receive notice via phone or email once the completed forms are received.

SIGNATURE

The above information is true to the best of my knowledge. I understand Anderson Woods may request additional information or documents supporting the financial information reported on this form.

Parent/Guardian Signature

Date