

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 = \$250 / session)

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

What amount are you requesting for the 2023 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:

Applicant's name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_ **Complete the 2023 camper application and prepare other necessary documents**

\_\_\_ **Complete this Financial Assistance Application**

\_\_\_ **Mail all 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. Do not send a payment in until you are notified by our office of the agreed upon amount.

**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