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

ANDERSON WOODS SUMMER CAMP

PO Box 39, Ferdinand, IN 47532
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 2024 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 2024 camper application and prepare other necessary documents**

___ **Complete this Financial Assistance Application**

___ **Partial payment that you are able to commit to.**

___ **Mail all to:**   Anderson Woods Summer Camp
                        PO Box 39
                        Ferdinand, IN 47532

*You will receive notice via phone or email once the completed forms are received. Please send in the partial payment that you are comfortable with when sending in the application. We can discuss any change that need to be made via phone.

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