

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



ANDERSON WOODS SUMMER CAMP

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 = \$275 / session)

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

What amount are you requesting for the 2025 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 2025 camper application and prepare other necessary documents

Complete this Financial Assistance Application

Partial payment that you are able to commit to. Please do not use online payment if you are receiving campership. Please send in a check or money order to the following address.

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