



2025 Sacony Overnight Summer Camp Financial Assistance Form

A MINISTRY OF OPEN DOOR MISSION MIRACLE LIFE CHURCH

Please fill out the form and return to us. Or Mail back to 201 S. 2nd St. Wrightsville PA 17368

Campers Full Name* _____ Birthdate* _____
E-mail _____ Mobile Number* _____

- ☐ MALE
☐ FEMALE

Address: _____ City: _____ State: _____ Zipcode: _____

Circle which weeks your child will attend:

Week 1 June 16-20

Week 2 June 23- June 27

Week 3 July 7- July 11

Week 4 July 14- July 18

Week 5 July 28- August 1

Week 6 August 4-August 8

Week 7 August 11- August 15

How much are you able to afford? _____

Please make a brief statement describing why you're in need of financial assistance for our Summer Camp Program.

What Is your occupation /job title? _____

What Is spouse's occupation? _____

What Is the combined/total annual household income: Circle the appropriate income amount.

Under \$20,000

\$20,000-\$30,000

\$30,000-\$40,000

\$40,000 and Up

Do You have other children attending camp this year? YES NO

If Circle Yes. How Many? _____

Could you provide the names and contact information of at least 2 people (outside of family) who could provide a reference? **Please make a brief statement describing why this family deserves a Grant for Summer Camp. References can be sent using the file upload tabs below or can be mailed to our Center. ODMMLC Wrightsville Outreach Campus 201 S. 2nd St. Wrightsville PA 17368**

1.

2.

BY SIGNING THIS DOCUMENT, I AGREE THAT ALL INFORMATION GIVEN IS ACCURATE

