

Camp Financial Assistance Application

Full Application

Campers Name *

First Name

Last Name

Male / Female

Male

Female

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Date of Birth *

Phone Number

Month Day Year

Email

example@example.com

Please make a brief statement describing why your in need of financial assistance for our Summer Camp Program. *

To be Completed by Parent / Guardian

What is your occupation / job title?

What is spouse's occupation?

What is the combined/total annual household income: Check the appropriate box.

Under \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000 and Up

Income

List Special Circumstances (If Any)

Do you have other children attending camp this year?

Yes

No

By signing this document, I agree that the information is accurate.

Parent / Guardian Name

First Name

Last Name

References

To be completed by someone other than a family member. (Ex. Teacher, School Administrator, Pastor, etc.) Please include a brief statement made by the reference of your choosing, a reference signature, and the relationship to the child. References can be mailed to the our Center.

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 the our Center.

ODMMLC Wrightsville Outreach Campus 201 S. 2nd St. Wrightsville PA 17368