

CAMP BEAUSITE NORTHWEST
CAMPER FINANCIAL ASSISTANCE APPLICATION

Camper's Name: _____ Age: _____

Does the camper receive respite benefits through D.D.D.? ____ If so, complete the following:

Case Manager: _____ Phone: _____ Email: _____

Mailing address: _____

Street City Zip

Has D.D.D. agreed to pay for your camper registration fee? Yes ____ No ____

If yes, please request a confirmation letter from the Case Manager. Letter can be sent via email to: assistantdirector@cambeausitenw.org

Financial assistance is limited and will be awarded based on the income guidelines shown below. Please complete the following:

<u>Monthly Family Income</u>	
<u>Gross Wages</u>	\$
<u>AFDC</u>	\$
<u>SSDI</u>	\$
<u>Other</u>	\$
<u>Total Monthly Income</u>	\$

Next, please think about your family's financial situation and tell us what dollar amount (small or large) you are able to contribute towards your camper's registration fee: \$ _____

Please be assured all information provided in this application will be kept confidential.

I have reviewed this application and the supporting documents. To the best of my/our knowledge and belief, the information provided is correct and complete.

Signature

Date

Please print name

Mail to: Camp Beausite NW, PO Box 1227, Port Hadlock, Wa. 98339