

CAMP BEAUSITE NORTHWEST

CAMPER FINANCIAL ASSISTANCE APPLICATION



Camper's Name: _____

Parent/Guardian: _____

Phone: _____ E-mail: _____

Financial assistance is limited and will be awarded on an as needed basis until our campership funding is depleted. Please share with us the following so that we may consider your camper for a full or partial campership.

Every camper needs to be able to contribute a minimum of \$50.00 towards their camp experience. How much can you contribute to your camper's registration fee: \$ _____

Does the camper receive respite benefits through DDA? Yes or No

How many dependents do you claim on your taxes? _____

Monthly Family Income

Gross Wages	\$ _____
AFDC	\$ _____
SSDI	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

Please briefly share why we should consider your application beyond the numbers above.

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

I attest to the best of my/our knowledge and belief, the information provided is correct and complete.

Print Name: _____ Date: _____

Signature: _____

Please e-mail to madrian@campbeausitenw.org or mail to PO Box 1227, Port Hadlock, WA 98339