

Camp Winfield
Financial Scholarship Application
"Child/Children"

Return to: Camp Winfield Date Submitted: _____
P.O. Box 160
Hartwell, GA 30643
Phone: 706.367.1412 Fax: 706.367.1412

Parent/Guardian: _____ SS#: ____/____/____
Requested Program: Camp Winfield Summer 2007 Age: ____ Sex: M / F

Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Circle One: Married Separated Divorced Widowed
Employer: _____
Supervisor's Name _____ Annual Salary: \$ _____
Other Income Sources: _____ Other Income: \$ _____

(Bonuses, Support, Disability, etc.)

TOTAL HOUSEHOLD INCOME: \$ _____
Child's Name: _____ D.O.B. _____
Child's Name: _____ D.O.B. _____
Child's Name: _____ D.O.B. _____

What percentage or portion of the fee do you feel you can afford to pay? 40% 60% 80%

Number of people in household (including self): _____

List Circumstances that contribute toward your request for assistance. (Examples: Medical Bills, Unemployment, etc.)

To receive Financial Scholarships, Camp Winfield requires that you submit your Income Tax Return for last year. Please attach a copy with this application.

I understand that all scholarships are valid for the calendar year ending December 31 and must be reapplied for by January 1.

Parent Signature: _____