

Camp Winfield  
Financial Scholarship Application  
"Child/Children"

Return to: Camp Winfield  
P.O. Box 160  
Hartwell, GA 30643  
Phone: 706.376.1412 Fax: 706.376.1412

Date Submitted: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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: \_\_\_\_\_