2010 SCHOLARSHIP APPLICATION
One per family

Mailing address: P. O. Box 777, West Boylston, MA 01583
Email: info@campwoodhaven.com • www.campwoodhaven.com • Phone: 508-835-9883 • Fax: 508-835-0910

Camp Woodhaven is grateful to all who have contributed to our Scholarship Fund. This fund allows us to offer financial assistance to campers' families who might not be able to send their child to Camp Woodhaven.

- Your child must be registered, with the $25 deposit paid, for this application to be considered.
- We wish to distribute funding to as many campers as possible. Camp Woodhaven does not give more than 50% assistance for camper weekly fees. Additional services such as bus, extended day, and lunch are not subsidized. All fees must be paid in full by June 1, 2010.
- There are many applicants for camperships and we may not be able to assist every child.
- Scholarships are not issued for the Leader In Training participants.
- All information is kept in strict confidence.
- Please provide the following supporting documentation with your application: a copy of your 2009 W-2's and the first page of your 2009 1040 tax return, and/or copies of any government subsidies.

NAME OF CAMPER: _____ **AGE:** _____ **PHONE:** ____-____-_____
FIRST MIDDLE LAST DURING CAMP

ADDRESS: _____
STREET CITY/TOWN STATE ZIP

HAS THIS CHILD RECEIVED FINANCIAL ASSISTANCE FOR CAMP WOODHAVEN WITHIN THE PAST TWO YEARS? ❑YES ❑NO

MY CHILD IS ENROLLED FOR THE FOLLOWING WEEK(S):

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9
	June 21 - 25	June 28 - July 2	July 5 - 9	July 12 - 16	July 19 - 23	July 26 - 30	August 2 - 6	August 9 - 13	August 16 - 20
REGULAR CAMP									

ASSISTANCE REQUEST

Total Camp Fee $_____

Amount of the Fee I can pay $_____

Amount of Assistance Requested $_____

FAMILY INCOME

Please indicate total household income as reported on last year's tax forms.

___Under $10,000
___$10,001-$15,000
___$15,001-$20,000
___$20,001-$25,000
___$25,001-$30,000
___$30,001-$35,000
___$35,001-$40,000
___$40,001-$45,000
___$45,001-$50,000
___$50,001-$55,000
___$55,001-$60,000
___$60,001-$65,000
___$65,001-$70,000
___$70,001-$75,000
___Over $75,000

other income (i.e. Child Support) _____

Number in Household: Adults_____ **Children under 18**_____ **Ages:** _____

Check one: Child lives with_____ **one parent** _____ **both parents** _____**Guardian** _____**Other**

Parent(s)/Guardian(s) Place(s) of employment: _____

Please describe any special circumstances or family expense that you would like the Scholarship Committee to consider:

_____

_____

Attach additional pages if needed.

If you require more information or help with the questions, please call our office at 508-835-9883. Please remember payment of camp registration fees is to be completed in full by June 1st in order for your child to receive this Scholarship.

I have included all financial documentation, a $25 registration fee, and the completed scholarship application (every question must be answered). The camper application and registration fee may be submitted online prior to submitting the scholarship application or a paper copy may be included with the scholarship application. I understand that failure to complete these steps will cause immediate rejection. I certify that the information on this form is accurate and true.

Parent/Guardian Signature: _____ **Date:** _____