



2025 SCHOLARSHIP APPLICATION

One per family

Mailing address: P. O. Box 777, West Boylston, MA 01583

Email: office@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.

- 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 and extended day are not subsidized. All fees must be paid in full after scholarship funds have been applied to secure registration.
- There are many applicants for scholarships, 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 2024 W-2's and the first page of your 2024 1040 tax return, and/or copies of any government subsidies.

NAME OF PARENT: _____ PHONE: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY/TOWN STATE ZIP

PARENT EMAIL: _____

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

MY CHILD WOULD LIKE TO ATTEND THE FOLLOWING WEEK(S):

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Please Check Weeks Attending	June 16 - 20	June 23 - 27	Jun 30- July 3	July 7 - 11	July 14 - 18	July 21 - 25	July 28- Aug. 1	August 4- 8	August 11- 15	August 18-22
CIT Program										

ASSISTANCE REQUEST

FAMILY INCOME

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

Total Camp Fee \$ _____
Amount of the Fee I can pay \$ _____
Under \$20,000
\$20,001-\$30,000
\$30,001-\$40,000
\$40,001-\$50,000
\$50,001-\$60,000
other income (i.e. Child Support) _____

Amount of Assistance Requested \$ _____
Camper Names: _____
(Max of 50% of total camp fee)

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 must be paid in full after scholarship credit has been issued in order to secure registration.

I have included all financial documentation and the completed scholarship application (every question must be answered). The camper application may be submitted online prior to submitting the scholarship application. I understand that failure to complete the application and submit supporting documents will cause immediate rejection. I certify that the information on this form is accurate and true.

Parent/Guardian Signature: _____ Date: _____