

FINANCIAL ASSISTANCE APPLICATION

Please complete in its entirety to be considered for Financial Assistance.

Due to limited Financial Assistance funds available, financial assistance requests must accompany the initial application. Funds are awarded on a first come, first served basis and will not be awarded after the service has occurred.

Please note: if you are using waiver funds to pay for any portion of your fees, financial assistance is not available.

Camper's Name:				
	Last	First	Nickname	Middle Initial
Date of Birth:				
Parent/Guardian Name (if applicable):				
Spouse name (if applicable):				

Adj. Gross Income: \$	
Adj. Gross Income of spouse (if separate returns filed) \$	
(From: Line 36-IRS 1040 Form OR Line 21-IRS 1040A Form OR Line 4-IRS 1040EZ Form)	
Total Number of dependents (including yourself and spouse, if applicable)	

Total Amount you are able to contribute towards the cost: \$_____

Provide a brief explanation of financial need (Please list extenuating circumstances on back of application or additional page if needed) Examples: Unemployed or Disability since last tax filing, Out of Pocket Medical, etc.

Examples: Extenuating Circumstances (loss of income, significant out of pocket expense)	Wage Earner or Dependent Affected	Additional hardship since last tax filing

I/We verify that the above information is true and accurate. If requested, I/We agree to provide verification of income.

Signature of camper/parent/guardian
Date

Financial Assistance Awards will be included in your confirmation letter.

True Friends, 10509 108th St. NW, Annandale, MN 55302
(952) 852-0101 * (320) 274-8376