



# Camp Wabanna Financial Assistance Form

- A completed Residential Camp Registration Form must accompany this form. (We do not offer Day Camp financial assistance)
- 1 Financial Assistance Form per camper.
- Forms will be received until July 1st.
- Receipt of this form does not reserve a spot.
- You will be contacted within 3 weeks upon receipt about whether you are awarded a scholarship.
- Camp Wabanna offers financial assistance, not full scholarships.

Camper Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_ Camper Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Please answer the following questions:

How did you hear about Wabanna? \_\_\_\_\_

Are you a single parent? YES / NO

Do you work? FULL TIME / PART TIME / NOT AT ALL

Does your spouse work? YES / NO

What is your annual household income? \_\_\_\_\_

How many children are in your family? \_\_\_\_\_

Have you applied or received financial assistance from Camp Wabanna in the past?  
YES / NO If so, when and how much: \_\_\_\_\_

What other additional information would you like us to know about your situation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can you provide the \$150 deposit? YES / NO

*\*Please include deposit to help secure your spot. Payment information is available on the registration form.*

\_\_\_\_\_ (initial) I understand that I must provide the \$30 Snack Shop Fee, which cannot be supplied through the Good Samaritan Fund. *\*Any amount not used by the end of the week will be automatically donated back in to the Good Samaritan Fund.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please inform your camper that they may be asked to write a thank you letter or participate in a photo.*

Contact the office with any additional questions. 410-798-0455.

Please mail your completed Camp Wabanna Financial Assistance Form and Residential Registration Form to:

**CAMP WABANNA**

101 Likes Rd

Edgewater MD

21037

Forms may also be emailed to:

info@campwabanna.org

OFFICE USE ONLY:

NOTES:

Date Received: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Approval Date: \_\_\_\_\_