

Camp Wabanna Financial Assistance Form



- Please email completed form to our Summer Director Grant Larsen: glarsen@campwabanna.org
- This form is NOT your camper's registration. Online registration must be completed after a Wabanna staff member contacts you in regards to financial assistance.
- 1 Financial Assistance Form per camper please.
- Forms will be received until July 1st.
- Receipt of this form does not reserve a spot (you must call the office to make initial payment for registration to be complete).
- You will be contacted within 3 weeks upon receipt about whether you are awarded financial assistance.
- Camp Wabanna offers financial assistance, not full scholarships.
- We only offer financial assistance for ONE week of overnight camp.

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: _____

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

Forms may also be emailed to:
glarsen@campwabanna.org

OFFICE USE ONLY:

NOTES:

Date Received: _____

Approval Date: _____

Date Contacted: _____

Confirmation email sent: _____