



2016 Financial Assistance Application

Please fill out this form completely. Priority is given in the order of date received. Financial assistance is based on several factors and completion of this form is not a guarantee of financial assistance. Review of applications will begin on March 1st and Camp Westwind staff will contact you after March 15th.

Participants Name: Last First Middle	First Choice Session: Second Choice Session:
Street Address:	Birth date:
City/State/Zip	Grade fall 2015:

Name of Parent or Legal Guardian:	Relationship:	Home/Cell Phone: Email:
Occupation:	Employer:	Work Phone:
Name of Parent or Legal Guardian:	Relationship:	Home/Cell Phone: Email:
Occupation:	Employer:	Work Phone:

MONTHLY INCOME FROM ALL SOURCES		
	Gross	Net
Income (Salary, wages, commissions, etc.)	\$ _____	\$ _____
Agency Subsidy (SSI, AFDC, SSD, food stamps ,medical aid)	\$ _____	\$ _____
Other (Alimony, child support, rental property, investments, etc.)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

You must provide MONTHLY income verification (W-2, Paystubs, Voucher, SSI, etc.)

Please list the total number of people in household living on above income: _____

Special circumstances: _____

Amount I am able to financially contribute:\$ _____

I have skills/services I can contribute: _____

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform Westwind Stewardship Group of any changes in my financial status.	
Signature _____	Date _____

Office Use Only

Date Received:

Awarded Y/N: _____% \$ _____

Date Evaluated:

Confirmed By:

Accepted Y/N

Evaluated By:

Applied to reservation: