



CAMP SCHOLARSHIP APPLICATION

Thank you for your interest in the Camp Widjiwagan scholarship program. Due to the generosity and dedication of hundreds of local donors and volunteers, Camp Widjiwagan is able to provide a number of need-based scholarships to families who would like to give their children a summer camp experience.

In order for your application to be considered, the following information must be provided:

Camp Scholarship Application

2007 or 2008 Income Tax Return (1040 or 1040A or 1040EZ)

A letter stating any special circumstances that may assist with the decision (optional)

Please note that camp scholarship dollars are awarded on a first-come basis and your application will not be processed until ALL of your information is received. Applications are processed in the order they are received. Processing begins January 15th, 2009. After your application is processed, you will be contacted via e-mail or postal mail with your reduced rate information.

In order to allow as many families as possible to enjoy the Camp Widjiwagan experience, any reduction in registration fees are good for one session only, and reduced rates do not apply to bus transportation, elective programs.

In order to continue to provide financial assistance in the future, we would appreciate a letter from you reflecting what the experience has meant to your campers following their camp session. Our donors enjoy knowing that their contributions have made a difference in the lives of others. A carefully written letter will also ensure your camper first consideration for financial assistance next summer.

This information is used to determine the level of assistance awarded by Camp Widjiwagan. All information is maintained confidentially.



General Information

Parent's Name: _____

Home Address: _____

City: _____ State: ____ Zip: _____ Phone: () _____

E-Mail: _____

YMCA Membership Information

- YMCA Facility Member
Location: _____
- YMCA Program Member
Location: _____
- I am not currently a YMCA Member

Family Information

Spouse's Name: _____ DOB: ___/___/___

Dependent's Name: _____ DOB: ___/___/___

Dependent's Name: _____ DOB: ___/___/___

Dependent's Name: _____ DOB: ___/___/___

Dependent's Name: _____ DOB: ___/___/___

For Office Use Only

Letter Sent: ___/___/___

Percentage Awarded: ____ %

Registered: Yes No No. of Campers: ____