APPLICATION FOR FINANCIAL AID TO CAMP TAMARACK

It is the goal of the ABC/WI that no one should be denied the opportunity to attend Camp Tamarack for financial reasons. Funds are available from various sources making it possible to provide financial assistance to a limited number of campers who might not otherwise be able to go to camp. This form is designed to aid in the equitable distribution of such assistance.

Name of Camper _____
First M Last

Address _____ E-mail: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

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FINANCIAL AID REQUEST COMPUTATION

1. Total fee required for the above camper $_____

2. Early Bird discount amount ($15.00) $_____
3. Family discount amount (**see table below) $_____
4. Camper's home church scholarship $_____

5. Total discounts and scholarships (lines 2 through 4) $_____

6. Parent/Guardian responsible for 1/3 of amount on line 1 $_____

7. Amount of aid requested from ABC/WI $_____

8. Balance Due $_____

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The information provided above is correct to the best of my knowledge.

Campers Signature _____ Date _____

Parents/Guardian Signature _____ Date _____

Pastors Signature _____ Date _____

Name of church you attend _____

Director of Camping Ministries Signature: _____ Date _____

Deadline for filing this application is April 30th

**** FAMILY DISCOUNT TABLE:**
First child in family pays full registration fee
Second child receives $15 discount
Third child receives $25 discount
Each child thereafter receives an additional $10 discount.