

**WETHERSFIELD CAMP FUND APPLICATION**  
**Summer 2024**

**Section 1**

Camp/Program: \_\_\_\_\_

Date(s) \_\_\_\_\_ Cost of Camp \$ \_\_\_\_\_

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**Section 2**

Camper's Name: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_  
*First & Last* *First & Last*

Address: \_\_\_\_\_ Wethersfield, CT

Telephone Number: (860) \_\_\_\_\_ Email: \_\_\_\_\_

Camper's age: \_\_\_\_\_ Camper's Date of Birth: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Are there other children at home? Yes No If yes, how many? \_\_\_\_\_ please provide information below:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**\*\*\*YOU MUST ATTACH A CURRENT UTILITY BILL & THE LAST 4 WEEKS OF INCOME FOR THE HOUSEHOLD TO THE APPLICATION WHEN SUBMITTING\*\*\***

Family Annual Income \$ \_\_\_\_\_ Reason For Financial Hardship \_\_\_\_\_

Proof of Income: \_\_\_\_\_ Proof of Residency \_\_\_\_\_

**\*\*IMPORTANT PLEASE READ:** This application is for the use of the Wethersfield Social & Youth Services Department Camp Fund only. **Filling out this application does not mean that your child is registered for camp.** Also, the Wethersfield Camp fund is not able to pay for dues, crafts, & incidental expenses. \*\*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

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**Section 3**

APPROVED: YES NO AMOUNT APPROVED \$ \_\_\_\_\_

\_\_\_\_\_  
*Social & Youth Services Department Authorized Signature*

\_\_\_\_\_  
*Date*

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\*\*\*Grants will vary on a case by case basis. The maximum amount allowed is \$250.00. If applicant chooses a camp over \$250.00 the remaining balance must be paid by the applicant. There will be no exceptions.

If the camp is less than \$250.00 we may pay up to the full amount, depending on financial need. Due to decrease in Camp Funding only one (1) camp program will be authorized per child.\*\*\*