

WETHERSFIELD CAMP FUND APPLICATION
Summer 2021

Section 1

Camp/Program: _____

Date(s) _____ Cost of Camp \$ _____

Section 2

Camper's Name: _____ Parent(s) Name: _____

First & Last

First & Last

Address: _____ Wethersfield, CT

Telephone Number: (860) _____ 2nd Telephone Number: (860) _____

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

Section 3

APPROVED: YES NO

AMOUNT APPROVED \$ _____

Social & Youth Services Department Authorized Signature

Date

***Grants will vary on a case by case basis. The maximum amount allowed is \$200.00. If applicant chooses a camp over \$200.00 the remaining balance must be paid by the applicant. There will be no exceptions.

If the camp is less than \$200.00 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.***