



Application for Financial Assistance Camp Wastahi 2018 Campership Program

NOTE: All forms must be submitted by June 30, 2018. Please submit one form per camper. There are two (2) pages to this form. Acceptance is notified within 10 business days from receipt. Limited spots are available and not guaranteed. This form may be submitted by Mail, Email, or Fax. Please call (831) 204-8445 if you have any questions.

Camper Name: _____

Parent/Guardian Applying: _____

Parent/Guardian email address: _____

Best phone number to contact you if there are any questions: _____

Program: Young Camper (6-10yrs): \$560 Camper (11-16yrs): \$590

JC (grade 9-11) : \$580 CIT (grades 11-12): \$570

Tuition Cost: \$_____ Amount of Assistance Requested: \$_____

Is your child willing/able to be a dishie (age 10 or older)?: YES NO

Are you able to pay the \$100 non-refundable deposit?: YES NO

Have you received a scholarship in previous years?: YES NO

 If YES, what years?: _____

Camper Name: _____

Reason for request for financial assistance (Please use back of form or attach additional pages if needed.)

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 provide substantiation of all facts including my current income. I understand that the purpose of Camp Wastahi Campership Program is to provide financial assistance for campers who would not otherwise be able to attend camp due to the lack of funds. I agree and accept financial responsibility in excess of the benefits available from the Camp Wastahi Campership Program.

Signature of Parent/Guardian

Date