



Financial Assistance Application for WinShape Camps - Madison, AL

Please fill out application completely and return to wscmadisonal@gmail.com. Personal information will be kept as confidential as possible and only discussed with the necessary individuals.

Date: _____ Child's Name _____

Age _____ Grade Completed (June 2017) _____ School Attended _____

Father's Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Best contact email address: _____

Which form of Social Media do you use? Facebook, Twitter, etc. _____

Do you attend or are a member of any of our partners Wall Highway Baptist Church, The Brook, CrossPointe, or Asbury?

Please circle: Yes No If Yes, indicate which one. _____

If no, do you currently attend or are a member of another church? _____

What amount of assistance are you applying for? _____

How much can you afford to contribute? _____

Will you be able to provide lunch for your child each day? _____

Explain the need in applying for this assistance? _____

Volunteer Request—WinShape Camp is made possible through our Volunteer efforts. May we contact you about investing some of your time in camp this year? _____

**If you are not able to attend the week of camp, please contact Wall Highway Baptist Church 256-837-0971 or wscmadisonal@gmail.com as soon as possible so that another child may have the opportunity to attend camp with the funds. Thank you!

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FINANCIAL OFFICE USE ONLY

Date form received _____

Comments: _____

Printed Name of Authorized Financial Assistance Coordinator: _____

Signature _____

Amount of assistance given: _____ Financial Code Issued: _____

Where will money come from? _____

Budget Category _____ Budget Line Number _____

Other _____

Is money already in budget category? _____ If not, explain. _____

Family Member Contacted _____ Date of Contact _____