

Financial Assistance Application for Freestyle Camp - Madison, AL

Completed K — completed 5th Grades

Please fill out application completely and return to freestylemadisonal@gmail.com. Personal information is kept as confidential as possible and discussed with necessary individuals. Please submit 1 application per child.

Date:	Child's Name		
Age	Grade Completed (June 2024)	School Attended	
Father's Na	me		
Address			
Home Phon	e	Cell Phone	
Employer _		Work Phone	
Mother's Name			
Address			
Home Phon	e	Cell Phone	
Employer _		Work Phone	
Best contac	t email address:		
Are you a member or regular attendee at one of our host or partner churches, Wall Highway Baptist Church or Asbury? Circle: Yes No If Yes, indicate which one.			
If no, are you a member or regular attendee at another church? If so, where?			
How much	can you afford to contribute?		
Will you be able to provide lunch for your child each day?			
	, , , ,	ay. Will you be able to ensure that your child will be	
Explain the need in applying for this assistance?			

*If you are not able to attend the week of camp, please contact freestylemadisonal@gmail.com as soon as possible so that another child may have the opportunity to attend camp with the funds. Thank you!

Financial Assistance Application for Freestyle Camps-Madison, AL

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		