



FINANCIAL ASSISTANCE APPLICATION

Thanks to our donors and sponsors, Lead Changes is able to support campers who would otherwise not be able to attend on an as needed basis. In addition to financial background, the Board of Directors consider the motivation and goals of the child, as well as extenuating circumstances within the applicant's family necessitating the need for financial assistance.

Child's Name: _____

Parent/Guardian: _____ Parent/Guardian: _____

Relationship: _____ Relationship: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Amount of Assistance Requesting: _____

Has financial assistance been awarded previously when attending a previous camp(s): Yes or No

If yes, please provide year(s) and amount awarded: _____

Parent/Guardian Financial Summary:

Parent/Guardian Information – Name	Employed By:	Occupation	Annual Salary \$	Other Income \$
Other Relations to Child:	Age	Grade	Living with Parent/Guardian	
Sibling/Dependent				
Sibling/Dependent				
Sibling/Dependent				

Along with this application please provide:

- a. Past two (2) years parent/guardian(s) federal tax returns
- b. Letter of Interest from Child. No longer than one page. To include areas such as:
 - i. What you hope to accomplish from camp
 - ii. How will this impact you upon returning home.
 - iii. Interests and goals contributing to the desire to attend camp