

Application for Financial Aid for Snipes Farm Day Camp

Please fill out the form below and email to Camp Director, Melanie Douty-Snipes at [MelanieDS@snipesfarm.org](mailto:MelanieDS@snipesfarm.org). After reviewing your application, Melanie will contact each applicant with the next steps. In addition to this form, please submit a letter describing your circumstance, describing your need and a copy of 2019-2020 approved National Free School Lunch Program and/or your current tax return that shows adjusted gross income.

Contact Information

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| --- | --- |
| Parent/Guardian Applicant Name |  |
| Address |  |
| City, State, Zip |  |
| Email Address |  |
| Phone Number |  |
|  |  |
| Name of Camper |  |
| Camper Age |  |
| Grade Entering in Fall 2019 |  |
| Camper Address |  |
| Camper City, State, Zip |  |
|  |  |

## Please indicate which camp weeks you would like to register your camper, and whether your camper will be Full Time or Part Time.

## We can guarantee two weeks of camp for each scholarship recipient at this time. We will reevaluate our scholarship fund in June and reach out to families if we can offer additional weeks of camp at that time.

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| --- | --- |
| Week 1: June 22 - June 26 |  |
| Week 2: June 29 – July 3 |  |
| Week 3: July 6 – July 10 |  |
| Week 4: July 13 – July 17 |  |
| Week 5: July 20 – July 24 |  |
| Week 6: July 27 – July 31 |  |
| Week 7: August 3 – August 7 |  |
| Week 8: August 10 – August 14 |  |
| Week 9: August 17 – August 21 |  |
|  |  |
| Full Time (Monday – Friday, 8:30am – 4:00pm) |  |
| Part Time (Please indicate days your child will attend camp) |  |