

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 2018-2019 approved National Free School Lunch Program and/or your current tax return that shows adjusted gross income.

Contact Information

|  |  |
| --- | --- |
| Parent/Guardian Applicant Name |  |
|  |  |
| Address |  |
| City, State, Zip |  |
| Email Address |  |
| Phone Number |  |
|  |  |
| Name of Camper |  |
| Camper Age |  |
| Grade Entering in Fall 2018 |  |
| 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.

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| --- | --- |
| Week 1: June 24 - June 28 |  |
| Week 2: July 1 – July 5 |  |
| Week 3: July 8 – July 12 |  |
| Week 4: July 15 – July 19 |  |
| Week 5: July 22 – July 26 |  |
| Week 6: July 29 – August 2 |  |
| Week 7: August 5 – August 9 |  |
| Week 8: August 12 – August 16 |  |
| Week 9: August 19 – August 23 |  |
|  |  |
| Full Time (Monday – Friday, 8:30am – 3:30pm) |  |
| Part Time (Please indicate days your child will attend camp) |  |