



Camp
Allegheny

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CAMP ALLEGHENY FINANCIAL AID REQUEST FORM

Camper Name _____ **Parent/Guardian Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **E-Mail** _____

Church Affiliation _____ **Pastor's Name** _____

Event Name and # that you are registering for _____

Cost of Event \$ _____ **Annual household income \$** _____

Is the camper participating in the free lunch program at school? _____

Have you contacted your local church, or any other organization for assistance?

If yes, who? _____ **Phone** _____

Please explain why you are applying for financial aid _____

Parent/Guardian Signature _____ **Date** _____

Pastor Signature _____ **Date** _____

Please remember to send this financial aid form, and your Camper Registration form to Camp Allegheny with the required \$50.00 registration fee. (Please make check payable to WPA Conf.-UMC.) We will review your request for financial aid, and send you a letter stating how much we will be able to help with your camp fee. The balance will be up to you to pay prior to your week of camp. (Please see camp brochure for further details).