



CAMP WOODIE FINANCIAL ASSISTANCE APPLICATION

All information is confidential and will not be shared with any other organization.

Camper Name _____

D.O.B. ____/____/____ School Grade in the Fall _____

Parent/Guardian Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Parent/Guardian Status: Single Married Divorced Partner

Number of Dependents _____ (including yourself, spouse/partner & children)

Are you a full time student? Yes No

Name of School: _____

List names (last names also if different from yours) and ages of all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

6. _____ Age _____

7. _____ Age _____

8. _____ Age _____



APPLICANT EMPLOYMENT INFORMATION

Are you currently employed? Yes No (If yes, please complete the following information.)

Applicant's Employer _____

Work Phone _____ Employer Address _____

City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ Part-Time Full-Time

SPOUSE/PARTNER EMPLOYMENT INFORMATION

Is your spouse/partner currently employed? Yes No (If yes, please complete the following information.)

Employer _____

Work Phone _____ Employer Address _____

City _____ State _____ Zip _____

Position _____ Length of Employment _____

Supervisor's Name _____ Part-Time Full-Time

Annual Combined Household Income Level:

- | | | |
|-----------------------|-----------------------|--|
| ___ Below \$18,000 | ___ \$36,000-\$42,000 | ___ \$60,000-\$80,000 |
| ___ \$18,000-\$24,000 | ___ \$42,000-\$48,000 | ___ \$80,000-\$100,000 |
| ___ \$24,000-\$30,000 | ___ \$48,000-\$54,000 | ___ Over \$100,000 (may qualify under special circumstances) |
| ___ \$30,000-\$36,000 | ___ \$54,000-\$60,000 | |

With this application, please attach the following documentation:

1. Copies of the last 2 pay stubs from ALL current employers for all working members of the household.
2. Copy of your most recent Tax Return (IRS Form 1040) with copies of all supporting W-2 forms for all tax filers in the household. If you have not filed, you will need to provide proof of your non-filing status. To receive proof of non-filing status, call 1-800-829-1040. If you have never filed, or have not filed in the last 5 years, you need to request Form 4506-T.
3. Proof of public assistance if applicable (i.e. Medicaid, Snap Benefits, and SSI).
4. What would you average monthly household expenses to be? \$ _____



Total Household Monthly Income BEFORE deductions of all working members of the household.
Documentation Required.

- \$ _____ 1 Your Gross Monthly Salary
- \$ _____ 2 Other's Gross Monthly Salary
- \$ _____ 3 Child Support
- \$ _____ 4 Aid to Dependent Children
- \$ _____ 5 Public Assistance
- \$ _____ 6 Snap Benefits
- \$ _____ 7 Reduced School Lunch Program
- \$ _____ 8 Social Security/Disability
- \$ _____ 9 Unemployment
- \$ _____ 10 Pension/Retirement
- \$ _____ 11 Alimony
- \$ _____ 12 Other (please explain) _____
- \$ _____ Total Monthly Income

- \$ _____ Total Monthly Expenses

How much can you afford to pay? _____

Please tell us about the circumstances that should be considered in reviewing your application.

(please attach additional sheets if necessary)

List all household members who will participate in Camp Woodie this summer with their age.

Have you previously received assistance from Camp Woodie; Camp Leopold or the South Carolina Waterfowl Association? YES NO If Yes, when? _____

For which programs did you receive assistance? _____



TERMS OF AGREEMENT

I, _____, do hereby certify that I have read and completed the attached Camp Woodie, Camp Leopold, South Carolina Waterfowl Association Financial Assistance application indicating the total number of persons in my household and the total gross annual income received during the past twelve (12) months as required to determine eligibility to participate in programs on the basis of financial need. I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the South Carolina Waterfowl Association to obtain employment income verification from my employer. I agree to inform the South Carolina Waterfowl Association of any material change to my financial status and employment. I understand that any assistance I might receive is due to the generosity of others, and I agree that if I submit false information or neglect to inform the South Carolina Waterfowl Association about changes in my situation, I could lose this assistance. I will keep my end of the financial commitment outlined in my financial aid package. If I am granted a payment plan, I agree to keep those payments up-to-date. I understand that the South Carolina Waterfowl Association could end the assistance granted to my family if I do not uphold my financial commitment.

Signature of Applicant: _____

Print Name: _____ Date: ____/____/____

You will be notified by email as soon as action is taken on this application. Once notified, you will have 10 business days to communicate via email whether you will accept the scholarship offer. If you do not respond to the offer within 10 business days, your offer and registration will be cancelled.

**SOUTH CAROLINA WATERFOWL ASSOCIATION
FINANCIAL AID APPLICATION CHECKLIST
OFFICE USE ONLY**

Date Received _____ Date Reviewed _____ Date Contacted: _____

Program/Session: _____ Total Program Cost: _____

Assistance Awarded _____ Applicant's Portion _____