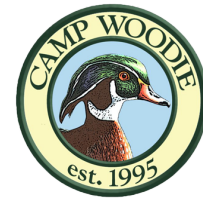


Camp Woodie



9833 Old River Rd | Pinewood, SC 29125 | 803.825.7970 | Campwoodie@scwa.org

GUIDELINES FOR FINANCIAL ASSISTANCE - SUMMER 2024

Please read ALL INFORMATION before completing Request Form

Camp Woodie Scholarship Fund has a limited amount of funds to assist families in need of financial assistance. We are greatly appreciative to the families, individuals, companies, foundations and our SCWA chapters who have generously donated towards helping campers attend a Camp Woodie session.

Please note, all financial assistance requests are considered on a first come, first serve basis

- The request form must be completed in full with ALL questions answered. Incomplete forms will **NOT** be considered.
- Preference will be given to:
 - South Carolina residents
 - First-time applicants
- Written income verification **must be** included with the application.
 - First preference for financial assistance will be given to request forms which include a household 1040 tax form.
 - Second preference will be given to request forms which include current pay stubs for all employed adults in the household.
 - If the only documentation available is a letter from the employer, financial assistance will be limited to 25%.
 - Applications without a written income verification will **NOT** be considered.

****Please black-out all Social Security numbers on all documents****

Please email completed request forms to the Camp Director:
campwoodie@scwa.org

Please contact the Camp Director via email or 803.825.7970 with questions.

FINANCIAL ASSISTANCE CHECKLIST - Requests will not be accepted without ALL of the following information:

- Completed Financial Assistance Request Form
- Income verification



Camp Woodie Financial Assistance Request Form

Request forms CANNOT be accepted without written income verification.

All questions MUST be completed in full.

This information on this form will be kept confidential.

APPLICANT INFORMATION:

Name of applicant: _____ DOB: _____

Address: _____

Phone Number: _____ Female Male

Email: _____

Parent/Guardian Status Single Married Divorced Partner

Are you a full-time student? Yes No

Name of School: _____

Have you received financial assistance for Camp Woodie before? Yes No

If so, when? _____

Are you a part of a SCWA Chapter? Yes No

If so, which Chapter? _____

Camper Name: _____ DOB: _____

Week of camp preferred: _____

How much can you afford to contribute to the cost of camp? _____

APPLICANT EMPLOYMENT INFORMATION:

Are you currently employed? Yes No

(If yes, please complete the following information:)

Applicant Employer: _____

Applicant Position: _____ Supervisor's Name: _____

Phone Number: _____ Email: _____

Work Address: _____

Length of Employment: _____ Full-Time Part-Time

SPOUSE/PARTNER EMPLOYMENT INFORMATION:

Is your spouse/partner currently employed? Yes No

(If yes, please complete the following information:)

Spouse/Partner Employer: _____

Position: _____ Supervisor's Name: _____

Phone Number: _____ Email: _____

Work Address: _____

Length of Employment: _____ Full-Time Part-Time

HOUSEHOLD INCOME: *Please attach all household 1040 tax forms and/or current pay stubs for each adult. If you do not have tax documentation or pay stub, please include a letter from your employer verifying your employment and salary*

List all members of the household and relationship to camper (e.g. parent, child)

Annual Combined Household Income Level:

- | | | |
|--|--|---|
| <input type="checkbox"/> Below \$18,000 | <input type="checkbox"/> \$36,000-\$42,000 | <input type="checkbox"/> \$60,000-\$80,000 |
| <input type="checkbox"/> \$18,000-\$24,000 | <input type="checkbox"/> \$42,000-\$48,000 | <input type="checkbox"/> \$80,000-\$100,000 |
| <input type="checkbox"/> \$24,000-\$30,000 | <input type="checkbox"/> \$48,000-\$54,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$30,000-\$36,000 | <input type="checkbox"/> \$54,000-\$60,000 | |

List all members of the household and relationship (e.g. parent, child)

Please tell us about any circumstances that should be considered in reviewing your request form for assistance:

(Please attach sheets if necessary)

TERMS OF AGREEMENT

I, _____, do hereby certify that the above statements and information given are true and correct to the best of my knowledge. I understand that a false statement or information will disqualify me from receiving financial assistance from the Camp Woodie Scholarship Fund.

Signature of Applicant: _____

Print Name: _____ Date: ___/___/___

CAMP WOODIE FINANCIAL ASSISTANCE REQUEST FORM CHECKLIST		
Date Received: _____	Date Reviewed: _____	Date Contacted: _____
Session: _____	Assistance Awarded: _____	
Applicant's Portion: _____		