

2019 Camp Financial Assistance Application(Full)

Name: _____ Male/Female

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: () _____

E-mail Address: _____

Birthdate (mm/dd/yy): _____ Last year completed in school: _____

Are you attending the FFA Horse Camp or FFA Wildlife Camp? _____

To be completed by student:

In one paragraph please state “Why I want to attend Camp”

If I receive financial assistance to any camp at the Georgia FFA-FCCLA Center I agree to send a thank you letter to my sponsor before I leave camp. I agree to follow all guidelines and policies set by the Georgia FFA-FCCLA Center while I attend camp.

Child's Name (print): _____

Child's Signature: _____

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To be completed by Parent/Guardian :(A brief narrative explaining your child's circumstances)

Please make a brief statement describing why your child is in need of financial assistance.

What is your occupation/Job title? _____

What is your spouse's occupation? _____

What is the combined/total annual household income: Check the appropriate box.

Under \$20,000	\$20,000-\$30,000	\$30,000-\$40,000	\$40,000 and up

***The amount of assistance is based off of a rolling tier.**

The items listed below are to be transferred from your 1040: (Include spouses also information if applicable)

Number of Dependents _____ {Line 6C on 1040, Line 5on 1040 EZ or Line 6C on 1040 A}

Adjusted gross income _____ {Line 37 on 1040, Line 4 on 1040 EZ or Line 21 on 1040 A}

Total income _____ {Line 22 on 1040 or Line 15 on 1040 A}

List special circumstances (if any): _____

Do you have other children attending camp this year? yes no

By signing this document I agree that the information is accurate.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

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**Please note: Assistance will be given based on availability of funds and level of need.*

**This application is confidential. The information on the form will not be disseminated.*

Reference

To be completed by someone other than a family member

(ex. teacher, school administrator, scout leader, pastor, etc)

Please make a brief statement describing why this child deserves a scholarship to camp at the Georgia FFA-FCCLA Center .

Signature: _____

Relationship to the child: _____

Mail applications to:

**Georgia FFA-FCCLA Center Financial Assistance
Program
720 FFA-FHA Camp Rd.
Covington, GA 30014**

Important notes about the Financial Assistance
Process:

- Financial assistance is not guaranteed. It will be determined based on the viability of your application.
- Please write a descriptive account of why your child is in need of financial assistance.
- The information listed on the form will not be disseminated.
- Our financial assistance committee will meet once a month to allocate funds. The committee will divvy up the Financial Assistance funds received from the Annual Fundraising banquet until they are diminished.
- We will notify applicants of the award amount within 2/4 weeks.
- Need is the most important priority for the Financial Assistance program.