

Application for Financial Assistance

In order to be considered for financial assistance, please complete this form and submit it along with a copy of your last years 1040 tax return and W-2s. Once a registration, the financial assistance application, and all supporting documents have been submitted, your file will be reviewed and you will be notified.

All questions may be directed to information@camphighland.com or by phone at 678-393-0300.

1. List all children currently living in your household.

First Name	Middle Initial	Last Name	Birth Date	Grade	Attending Camp?	Scholarship Request Amount
_____	_____	_____	____/____/____	_____	YES NO	\$ _____
_____	_____	_____	____/____/____	_____	YES NO	\$ _____
_____	_____	_____	____/____/____	_____	YES NO	\$ _____
_____	_____	_____	____/____/____	_____	YES NO	\$ _____
_____	_____	_____	____/____/____	_____	YES NO	\$ _____

2. List all the adults currently living in your household. List total gross monthly income before taxes and deductions for each.

Print first and last names of all adults living in your household	Employer	Earnings from work before deductions (monthly)	Welfare payment, child support/alimony (monthly)	Any other income (monthly)
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

3. Additional Information.

Your Name: _____

Email: _____

Marital Status: Single Married Divorced Separated Widowed

Have you completed an online registration? _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

If there is other information about your family's specific situation that would be helpful for the committee to know, please submit a letter explaining that along with your application. Please mail application to *4305 State Bridge Road, Suite 103-223, Alpharetta, GA 30022* or fax application to *678-393-0301*.