

Confidential Application for Financial Assistance

Please complete and email to info@jwcampfund.org.

Applications due June 14; we will announce JW Campers by June 15, 2024.

PLEASE PRINT

Camper Nam	e		Age	
Address		City		
State	Zip Code	Home Phone		
Parent(s) Name(s)		Employer(s)		
Position(s) _				
Home/Cell Ph	none	Email		
Other Minor Children Name(s) Birth Date		Age	School	Also applying to be a JW Camper? (Y/N)
			_	
Single Parent Household?				
	e to know more about you nper. Please tell us your st	•	•	

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Has your child ever attended summer camp? If so, where/when?				
What benefits do you see in having this financial assistance to allow your child(ren) to attend Camp Wewa?				
Has your child expressed interest in attending camp?				
How much of the above cost would you be able to pay, if any? (We understand some families can't participate at all, but for those who feel they can, doing so allows us to sponsor more campers, in addition to helping your child.)				
Your present total household income level is:				
Under \$25,000 \$25,001 to \$40,000 \$40,001 to \$60,000 \$60,001 to \$80,000 more than \$80,000				
Which Wewa session would you be interested in for your child? Please number in order of preference, 1-4 (1 being your first-choice week, 4 being your least-preferred week. If your child is not available to attend a particular session, please mark with an 'X.')				
June 30 - July 5, 2024				

Thank you for your time and thank you for advocating for your child!

_____ July 7 - 12, 2024 _____ July 14 - 19, 2024 _____ July 21 - 26, 2024

If you have any questions or concerns about the application process or anything else regarding our Fund, please email info@jwcampfund.org or call Brandy at 310-562-7213.