Family Wellness Financial Aid Request Form: Camp or Program

The mission of Family Wellness is to inspire healthy lifestyles by connecting people in a fun environment. This mission drives us to provide healthy programming to the local community. Complete and submit this financial aid request form to see if you qualify for financial assistance for camps or programs. Completing this form does not guarentee your child a spot in camp. In order to ensure a spot is saved for your child a $50 deposit is required.

How to Apply: **Please submit the information listed below:**

1) Completed Financial Aid Request Form
2) Proof/Letter of Qualification of Free or Reduced Lunches from Your School

E-mail, mail, or bring the completed above items to: **1)** Matthew.Melchior@sanfordhealth.org OR **2)** Family Wellness
Attn: Camp Financial Assistance
2960 Seter Parkway
Fargo, ND 58104

If you have questions plese call Matt, the Youth Programs Coordinator, at 701-234-7001

Parent's Name:_____ Birthdate:_____ Sex:_____
Address:_____ City:_____ State:_____ Zip:_____
Parent E-mail:_____ Phone: ( )_____
Spouse/ 2nd Adult:_____ Phone: ( )_____

List All Children In Household In Which You Are Requesting Financial Assistance For

Child's Name:	Relationship	Birthdate	Sex	School Attending	Please List the Camp/Program that You Are Requesting Assistance For	Please List the Regular Price of the Camp or Program Here	How much do you feel that you can pay for this Camp or Program?

Does your child qualify for free or reduced lunches at school? _____ **Yes** _____ **No**

Are there any special circumstances that may qualify your family for financial assistance? (medical issues, life changing events, etc.)

_____

_____

Applicant Signature

In completing this application and signing it, I certify that all of the information supplied to Family Wellness is true, accurate and complete to the best of my knowledge.

_____ _____
Signature of Applicant Date

Please Submit Only One Application Per Family Or Household