

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 guarantee your child a spot in camp. In order to ensure a spot is saved for your child a \$50 deposit is required. **Please submit only one application per family or household.**

HOW TO APPLY:

1. Please submit the information listed below:

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

2. E-mail, mail, or bring the completed above items to:

- Jessica.Fetsch@sanfordhealth.org
- Family Wellness Attn: Camp Financial Assistance 2960 Seter Parkway Fargo, ND 58104

Parent's Name: _____ Parent E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse/2nd Adult Name: _____ Phone: _____

LIST ALL CHILDREN IN HOUSEHOLD IN WHICH YOU ARE REQUESTING FINANCIAL ASSISTANCE FOR

Child's Name	Relationship	Birthdate	Sex	School Attending	List the Camp/Program that You Are Requesting Assistance For	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