



Financial Assistance Application Form

NWABR is committed to never denying a child's participation because of inability to pay. This Philosophy is accomplished by making financial assistance available to those when the fees is not affordable.

Applicants may contact Executive Director at melissa@nwabr.org , if they feel that NWABR is not keeping its commitment to never deny a child's participation because of an inability to pay.

Child's Name (First) _____ (MI) _____ (Last) _____

Parent's Name (First) _____ (MI) _____ (Last) _____

Home phone _____ Mobile _____ Email _____

Best way to reach parent _____ (Phone) _____ (Email) _____

Parent's Employer (Father) _____ (Mother) _____

Total Annual Household Income _____ Total number of family members _____

Any additional Financial responsibility _____

Why is financial assistance required? _____

Signing up for how many weeks? _____

Signing up for which camp/s? _____

How much of financial assistance (in dollars) are looking for? _____

Note: Financial Assistance from NWABR is **upto** 100% of the tuition fees of the camp. Filling this form **does not** guarantee Financial Assistance to the student- Financial Assistance is subject to approval.

I hereby apply for Financial Assistance from NWABR. I certify that I am financially unable to pay camp BIOMed fees for the above named child. I understand NWABR reserves the right to verify my income stated above in the form. I have registered my child with NWABR, if approved financial assistance, I agree to pay the balance to NWABR.

Parent's Signature _____ Date _____

Parent's Name _____

Office Use Only	
Date received	_____
New _____ Returning _____ candidate	
Camp BIOMed Track	_____
Session	_____
Assistance Approved	_____
Disapproved	_____
Balance	_____