

Odyssey Teen Camp

Financial Assistance Application 2015 Program

Dear Parent/Guardian,

Thank you for your interest in Odyssey Teen Camp. **Please take the time to thoroughly read through all this information before filling out the application.**

Odyssey teen camp is committed to offering financial assistance to families with limited finances. Your eligibility depends on the household gross annual income. Please note that we will accept as many applicants as we can, depending on the donations we have received throughout the year. We can only help a finite number of applicants. Please consider this before you apply.

All applicants will be carefully considered and notified by telephone month by month. We thank you for your patience as we carefully consider each application.

Please submit this form prior to registration.

Sincerely,
Odyssey Teen Camp Financial Assistance Committee

Odyssey Teen Camp Financial Assistance Application 2015 Program

Applicant information

Name of Teen: _____ Age: _____ DOB: __/__/__

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Phone: _____ Day _____ Night _____ Cell _____

Parent Email: _____

Occupation: _____ Employer: _____

Teens Gender: ___ Female ___ Male

Income eligibility:

Total Annual household income for most recent year shown on tax forms _____

Total number of people in household as shown on tax forms _____

Course selection:

___ Session A: 2 weeks July 12-July 25, 2015

___ Session B: 2 weeks July 26-August 8, 2015

___ Session C: 1 week August 2-August 8, 2015

___ Session D: 4 weeks July 12-August 8, 2015

Request for assistance (Parent/Guardian)

Please share with us your reasons for requesting financial assistance. Please print clearly.
