

Financial Assistance Application for Freestyle Camp - Madison, AL

Completed K — completed 5th Grades

Please fill out application completely and return to freestylemadisonal@gmail.com. Personal information is kept as confidential as possible and discussed with necessary individuals. Please submit 1 application per child.

| Date: | Child's Name | | |
|--|---|-----------------|--|
| Age | _ Grade Completed (June 2025) | School Attended | |
| Father's Na | me | | |
| Address | | | |
| Home Phon | e | Cell Phone | |
| Employer | | Work Phone | |
| Mother's Na | ame | | |
| Address | | | |
| Home Phon | e | Cell Phone | |
| Employer | | Work Phone | |
| Best contac | t email address: | | |
| Are you a member or regular attendee at one of our host or partner churches, Wall Highway Baptist Church or Asbury? Circle: Yes No If Yes, indicate which one. | | | |
| If no, are you a member or regular attendee at another church? If so, where? | | | |
| Is this your t | first time applying for financial assistanc | e? | |
| What amou | nt of assistance are you applying for? | | |
| How much can you afford to contribute? | | | |
| Will you be able to provide lunch for your child each day? | | | |
| Freestyle is an all day camp for 5 days Monday—Friday. Will you be able to ensure that your child will be attending all 5 days of camp? | | | |
| Explain the need in applying for this assistance? | | | |
| | | | |

*If you are not able to attend the week of camp, please contact freestylemadisonal@gmail.com as soon as possible so that another child may have the opportunity to attend camp with the funds. Thank you!

Financial Assistance Application for Freestyle Camps-Madison, AL

| FINANCIAL OFFICE USE ONLY | | | |
|--|------------------------|--|--|
| Date form received | | | |
| Comments: | | | |
| | | | |
| Printed Name of Authorized Financial Assistance Coordinator: | | | |
| Signature | | | |
| Amount of assistance given: | Financial Code Issued: | | |
| Where will money come from? | | | |
| | | | |
| Budget Category | _ Budget Line Number | | |
| Other | | | |
| Is money already in budget category? | If not, explain | | |
| | | | |
| | | | |
| Family Member Contacted | Date of Contact | | |
| | | | |
| | | | |