

## 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		