

**Camp Cedarwood**

Barrington Baptist Church  
25 Old County Rd.  
Barrington, RI 02806

401-246-0188 (September - April)

401-246-1782 (Camp office: May 1 - September 1)

Camp Cedarwood, as a ministry of Barrington Baptist Church, offers financial assistance to those with financial limitations. Please fill out all required lines and attach verification of income. The following are accepted:

**Form 1040 tax return for 2017  
OR  
Copy of Government Benefits Determination Letter**

**Confidential Camp Cedarwood Financial Aid Application**

Return to above address in envelope clearly marked: **Camp Cedarwood/ FA Committee**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Camper's name (s) \_\_\_\_\_

Weeks applying for: \_\_\_\_\_

**PLEASE FILL OUT A CAMPER REGISTRATION FORM FOR EACH CHILD YOU ARE APPLYING FOR AND SEND THE REGISTRATION(S) WITH THIS APPLICATION. YOUR REQUEST WILL NOT BE CONSIDERED UNLESS THE REGISTRATION FORM IS INCLUDED.**

Monthly income: Total amount of income before deductions (include wages, child support, tips, alimony, social security, unemployment compensation, pension, retirement income, salary, public assistance, etc.)

\$ \_\_\_\_\_ Of the camp fee, I can pay: \$ \_\_\_\_\_

*I hereby certify that I have completed all the information requested within this application form, and that all information supplied is true and accurate to the best of my knowledge, and that there is no misrepresentation by omission. I further understand that this application does not constitute acceptance by Camp Cedarwood, and that I will be notified as to whether my application for financial assistance has been approved.*

***Upon approval, the agreement I receive must be signed and returned within two weeks or will be forfeited. Deposits and payments are due on the same schedule as any full-priced registration.***

\_\_\_\_\_  
Date Applicant signature

**On a separate sheet, state any additional reasons which you feel are relevant to your application.**

**FOR OFFICE USE ONLY**

Date	Participant	Program	Total fee	FA Amount	Participant Amount