

# Application for Financial Assistance



Thank you for your interest in Ridge Haven. To be considered for financial assistance, please complete and submit this application along with copies of your 1040 tax return and W-2s from last year. Email all documents to [ridgehaven@ridgehaven.org](mailto:ridgehaven@ridgehaven.org) or mail to **215 Ridge Haven Road, Brevard, NC 28712** or fax to **828-884-6988**. Once all documents have been received, we will review your file and contact you. If you have any questions, please call us at 828-862-3916 or email [ridgehaven@ridgehaven.org](mailto:ridgehaven@ridgehaven.org).

## 1. General Information

Your First and Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status (circle one): Single   Married   Divorced   Separated   Widowed

Camp week(s) you are applying for assistance for: \_\_\_\_\_

## 2. List each child currently living in your household.

<i>First and Last Name</i>	<i>Birth Date</i>	<i>Grade</i>	<i>Attending Camp?</i>		<i>Amount Requested</i>
_____	____/____/____	_____	Yes	No	\$ _____
_____	____/____/____	_____	Yes	No	\$ _____
_____	____/____/____	_____	Yes	No	\$ _____
_____	____/____/____	_____	Yes	No	\$ _____
_____	____/____/____	_____	Yes	No	\$ _____

## 3. List each adult currently living in your household and their gross monthly income before taxes and deductions.

<i>First and Last Name</i>	<i>Employer</i>	<i>Work Earnings (monthly)</i>	<i>Welfare, Child Support, Alimony (monthly)</i>	<i>Any Other Income (monthly)</i>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

## 4. Additional Information (optional)

If there is any further information about your family's situation that would be helpful for Ridge Haven to know, please include it below. Use additional paper if necessary.

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