



2017 Request for Enrollment with Financial Assistance

25 Lewis St., Hudson, MA 01749
978-562-0968

mail@pompositticutfarm.com
www.pompositticutfarm.com

CAMPER NAME: _____ MALE: _____ FEMALE: _____ DATE OF BIRTH: _____
ADDRESS: _____ AGE during camp _____
TOWN: _____ STATE: _____ ZIP _____ HOME PHONE: _____
SCHOOL & CURRENT GRADE _____ Is Your Child on an IEP _____ or 504 Plan _____
HOME EMAIL: _____ CUSTODIAL PARENT: _____

FINANCIAL ASSISTANCE APPLICATION

Parent/Guardian:	Parent/Guardian:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Employer(s):	Employer(s):
Occupation:	Occupation:

_____ Parent/Guardian 1	_____ # of Adults
_____ Parent/Guardian 2	_____ # of Children
_____ Other Sources (Alimony (Child Support, etc.))	
_____ TOTAL FAMILY INCOME	_____ TOTAL # of Family in Household

Income verification is required
Please attach a copy of the Front Page of your 2016, 1040 tax form, along with the two most recent pay stubs and/or copies of any government subsidies.

Camper Name _____ Relation _____ Date of Birth _____
Camper Name _____ Relation _____ Date of Birth _____
Camper Name _____ Relation _____ Date of Birth _____

Please describe any special circumstances or family expenses that make financial assistance necessary (attach separate sheet)

In order to process this application, you must include a copy of the Front Page of your 2016, 1040 tax form, along with the two most recent pay stubs, and/or copies of any government subsidies. I certify that the information on this form is accurate and true.

Applicant Signature _____ ***Date*** _____

Important Information and Signatures required on back

