



**2016 Request for Enrollment with Financial Assistance**

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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 2015, 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 2015 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***

