

APPLICATION FOR FINANCIAL ASSISTANCE FOR CAMPERS OF WV YOUTH CAMPS

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Parents or Guardian: _____

Address if different: _____

Phone: _____

Church you attend: _____

Address: _____ City: _____ State: _____

Pastor's Name: _____ Phone: _____

Why do you want to attend WV Youth Camp? _____

Why do you need financial assistance? _____

All applicants will be contacted by phone so please give a number that you can be reached. Once approved money will be sent directly to the Camp Director of the camp you are applying for. If for some reason you cannot attend after you have been approved, you are asked to please notify me immediately so another camper might take your place.

Pastor do you agree with applicant and vouch for his/her approval for financial assistance? _____

Pastor's Signature: _____

Please mail application to: Darlene Barnes
1621 Main Street
Wellsburg, WV 26070
304-914-1310