



Camp Fire Walla Walla

Financial Assistance Application

Directions:

1. Complete this form and attach required income verification.
2. Return to Camp Fire office (414 S. Park Street) or email to janet@wwcampfire.org.
3. Note that this financial assistance application is not a registration form and does not guarantee your child a space in the program. Register online at www.wwcampfire.org.

Parent / Guardian Name: _____

Home Address: _____

Mailing Address (if different): _____

Phone #: _____ Alternate Phone #: _____

Email Address: _____

Employer: _____ Occupation: _____

Other Parent / Guardian Name: _____

Home Address: _____

Mailing Address (if different): _____

Phone #: _____ Alternate Phone #: _____

Email Address: _____

Employer: _____ Occupation: _____

Requesting financial assistance for:

Student: _____ Birthdate: _____ School: _____

Student: _____ Birthdate: _____ School: _____

Student: _____ Birthdate: _____ School: _____

1. Have you applied for financial assistance through DCYF's Working Connections Child Care support program? <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help/wccc>

_____ Yes, I applied, qualified for support, and need additional financial assistance.

_____ Yes, I applied and did not qualify.

_____ Yes, I applied and am waiting for a response. Date of application: _____

_____ No, I have not applied for WCCC support.

_____ Other – Please explain: _____

2. What is your annual household income from ALL sources? _____

*Income verification is required. Attach the first 2 pages of your tax return for last year.
Financial assistance applications without this information will not be considered.*

3. How many dependent children live in your household? _____

4. How many adults live in your household? _____

5. Does your family qualify for free lunch, TANF, or SNAP? _____

6. To promote diversity, equity, and inclusion, our donors and grant funders occasionally ask about the backgrounds of our participants and financial assistance recipients. Is your family

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Prefer not to answer |

7. Is there additional information you would like us to know about your family's financial situation?

8. **Signature:** *I certify that the information I have provided is true and accurate as of this date, to the best of my knowledge. I authorize Camp Fire Walla Walla to verify the information contained in this application and attached income verification documents. I understand that this information is used only to determine my family's eligibility for financial assistance and is confidential. I agree to notify Camp Fire Walla Walla within 10 business days of any changes of circumstances regarding the information contained in this application. I agree to respect and follow all Camp Fire Walla Walla policies and procedures.*

Signature of Parent / Guardian

Date

Camp Fire's Statement of Inclusion:

Camp Fire believes in the dignity and the intrinsic worth of every human being. We welcome, affirm, and support young people and adults of all abilities and disabilities, experiences, races, ethnicities, socio-economic backgrounds, sexual orientations, gender identities and expressions, religion and non-religion, citizenship and immigration status, and any other category people use to define themselves or others. We strive to create safe and inclusive environments that celebrate diversity and foster positive relationships.