Application for Financial Assistance

In order to be considered for financial assistance, please complete this form and submit it along with a copy of your last years 1040 tax return and W-2s. Once all of these documents have been submitted, please allow our team to review and respond back to you. All inquiries may be directed to information@camphighland.com or by phone at (678) 393-0300.



1. List all children currently living in y	our household.						
First Name Middle Initial La	st Name	Birth Date	Grade	Attending Camp	Amount Requested		
		(m/d/year)		(circle one)	¢	Complete? (circle one)	
		/		Yes / No	Φ	Yes / No	
		//		Yes / No	\$	Yes / No	
		//		Yes / No	\$	Yes / No	
		//		Yes / No	\$	Yes / No	
		//		Yes / No	\$	Yes / No	
		//		Yes / No	\$	Yes / No	
			before dec \$	\$\$	oort, and/or alimony 	\$ \$	
			\$	\$		\$	
			\$	\$		\$	
3. Additional Information							
Your Name Email			Home/Cell Phone		Work Phon	Work Phone	
4. Marital Status (circle one): Marr	ied Single	Divorced	Separated	Widowed			

If there is any other information about your family's specific situation that would be helpful for our team to know, please submit a letter along with the documentation explaining it. Please email application to information@camphighland.com. You can also fax it to (678) 393-0301, or you can mail it to 1250 Camp Highland Road, Ellijay, GA 30540.