The Barn at Spring Brook Farm

Animal-Assisted Activities For Children With Disabilities

Request for Financial Aid
Camp Geronimo

Name _____

Phone number _____

Please provide a brief explanation of the financial circumstances that require your child to receive financial aid:

_____

_____

_____

_____

For Office Use ONLY

Approved: Yes_____ No_____

Signature: _____

Date: _____

____ Check here if you prefer to discuss your situation with the Executive Director

Are you requesting full or partial support for the individual program? Full Partial

If partial, please indicate the amount you are able to pay _____

Please provide any additional supporting information that will assist us in making our decision.

All requests are confidential and reviewed by the Executive Director in a timely fashion and we will inform you of your award (if applicable) as quickly as possible. While The Barn's goal is to never turn any child away due to an inability to pay, we do ask that you pay what you can, even if it is a small amount.

_____ _____

Signature Date