The Barn at Spring Brook Farm

Animal-Assisted Activities For Children With Disabilities

Request for Financial Aid
Camp Geronimo

Name _____

Child's Name _____

Phone number _____

Email Address _____

Annual Household Income $_____

Number of individuals in household _____

For Office Use ONLY

Approved: Yes_____ No_____

Signature: _____

Date: _____

Please provide a brief explanation of the financial circumstances that have lead you to request financial aid:

_____

_____

_____

_____

_____

Are you requesting full or partial support for Camp Geronimo? Full (90%) Partial

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

The Barn at Spring Brook Farm offers financial aid for <u>up to 90%</u> of the program cost. While The Barn's goal is to never turn any child away due to an inability to pay, funding for financial aid is limited and we ask that you support the programs at The Barn by contributing what you can. All requests are confidential and reviewed by the Executive Director in a timely fashion. You will be notified of our decision by phone or email as soon as possible.

_____ _____

Signature Date