



# HOPE HOLLOW MINISTRIES

*CONFIDENTIAL INFORMATION FOR CONSIDERATION  
OF FINANCIAL AID ONLY*

## **Application for Camp/Program Tuition Financial Aid**

We are committed to making the Hope Hollow experience affordable to as many families as possible.

Financial aid may be applied to camp/program tuition only. Aid is available year-round. The amount given is based on financial need. The total financial aid which Hope Hollow has available each year is limited and not all requests can be honored. No person shall be excluded because of race, religion, or national origin.

Registration of the camper is necessary before the financial aid application can be considered.

We will let families know of the aid available as soon as possible.

Information on the application form is confidential and will be used to assess financial aid need only. Completed financial aid forms should be submitted to:

Mail: Hope Hollow Ministries  
PO Box 2247  
Madison, MS 39130

Scan/Email: [info@hopehollowms.org](mailto:info@hopehollowms.org)

Please contact us at (601)859-5290 with any questions or by email at [info@hopehollowms.org](mailto:info@hopehollowms.org).

Financial aid to Hope Hollow Campers is made possible with the dedication and support of the Hope Hollow Ladies Auxiliary, as well as from local businesses and local supporters of Hope Hollow Ministries.

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**CONFIDENTIAL DATA - MUST BE COMPLETED IN FULL  
PLEASE PRINT CLEARLY**

1. Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian/Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of camp session being applied for: \_\_\_\_\_  
Is this a returning Hop eHollow camper or first time participant?  
Returning \_\_\_\_\_ First Time \_\_\_\_\_  
Have you been granted financial aid from Hope Hollow before?  
No \_\_\_\_\_ Yes \_\_\_\_\_

2. Household adjusted gross income (AGI) as reported to IRS
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> less than \$20,000  | <input type="checkbox"/> \$20,000-\$39,000 | <input type="checkbox"/> \$40,000-\$59,000   |
| <input type="checkbox"/> \$60,000-\$79,000   | <input type="checkbox"/> \$80,000-\$99,000 | <input type="checkbox"/> \$100,000-\$119,000 |
| <input type="checkbox"/> More than \$120,000 |  |  |

\*If you are approved for aid, your most recent IRS tax return may be requested to substantiate the above.

3. Please list any additional household contributions:

Source	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed name: \_\_\_\_\_ Date: \_\_\_\_\_