



HOPE HOLLOW MINISTRIES

*CONFIDENTIAL INFORMATION FOR CONSIDERATION
OF FINANCIAL AID ONLY*

Application for Camp/Program Tuition Scholarship/Financial Aid

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

Financial aid is available year-round and may be applied to camp/program tuition only. The amount given is based on the financial need of the applicant. The total number of available scholarships/financial aid varies from year to year and are provided on a first-come, first-serve basis. No person shall be excluded because of race, religion, or national origin.

A camper must be registered to attend camp before the scholarship/financial aid application can be considered.

Families will be notified as soon as possible regarding the availability of scholarships/financial aid, their eligibility to receive a scholarship/financial aid, and the amount for which they are eligible.

Scholarship/financial aid recipients who choose not attend the camp/program for which they are registered, without providing proper notification, will be ineligible for future consideration of scholarships/financial aid. Documentation stating extenuating circumstances that prohibit attendance and/or proper notification will be reviewed to determine future eligibility for scholarship/financial aid.

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

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

Scan/Email: info@hopehollowms.org

Please contact us at (601)859-5290 with any questions or by email at 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 Hope Hollow 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

less than \$20,000 \$20,000-\$39,000 \$40,000-\$59,000

\$60,000-\$79,000 \$80,000-\$99,000 \$100,000-\$119,000

More than \$120,000

3. Average monthly expenses directly related to the care of your child for whom you are seeking

financial aid. (Doctors visits/hospitalizations, therapy, medications, etc...) \$ _____

Type(s) of monthly care required for the care of your child

Doctors visits Hospitalization OT/PT/ST/ABA

Medication Other

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

4. Please list any additional household contributions:

Source

Annual Amount

\$ _____

\$ _____

\$ _____

Printed name: _____

Date: _____

Signed name: _____

Date: _____