



Janet Maasch, Founder

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Financial Aid Request

Please attach to completed camper application and return to Still Meadows.

Participant Name: _____

Has applicant received financial aid from Still Meadows before? YES or NO

Total Annual Household Income: \$ _____

Please remember to include income from salaries, investment, social security, unemployment, disability, child support, AFDC, other.

Number of dependents in household: _____

Please list any special circumstances that relate to this request. If necessary, attach additional pages.

Program Attending: Therapeutic Riding (or) Summer Camp

Date(s) of Program: _____

Fee for Program \$ _____

Amount Camper Can Pay \$ _____

Amount From Other Sources \$ _____

Amount Requested \$ _____