



**Friends of Moy-Mo-Dä-Yo, Inc.**  
**P.O. Box 269**  
**Limington, Maine 04049**

**FINANCIAL AID APPLICATION FOR CAMP MOY-MO-DA-YO DAY CAMP PROGRAM**

**Note to all applicants:** All applications will be reviewed by the Board of Directors in confidence. Grants are applied to the actual cost of the camp program and payment made to the Town of Limington. If the recipient decides not to attend camp after being approved for the grant said recipient should immediately notify the Friends of Moy-Mo-Da-Yo, Inc. at the above address in writing so that the money can be used for another child.

**Instructions:** Complete one application for each child that a grant is being requested. All information must be provided for the request to move forward. The grant will cover the cost of camp less \$25 per week. The family must pay the balance of \$25/week per child 10 days before their camp week. *Very Important:* Grants are for one week of camp, however, depending on the camp Director's agreement and your child's behavior during the week, the grant may be extended for an additional week if desired. *\*Be sure to check the box near the bottom of the form if you would like consideration given for more than one week at camp!*

Parent or Guardian making the request: \_\_\_\_\_ Date: \_\_\_\_\_

Name of child who will receive the grant: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Parent or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Child:** Please explain in your own words why you would like to attend Camp Moy Mo Da Yo:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent:** What would you like the Camp Staff to know about your child's background or areas of interest in order to make this a wonderful camp experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which date will the child be attending? 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

*\*We would like to be considered for an additional week at camp  If selected you will be notified on Thursday of your camp week. You are responsible for paying the additional \$25.00 to the town before the start of your 2nd week.*

Annual Gross Household income (all sources)	check applicable value	Number in household (include all, even if not related.	Do you receive public assistance in any form? Please specify what if so. Use "NA" if not.	Is there any other information you would like to share regarding a special hardship or circumstance for our consideration?
\$15-20,000				
\$21-30,000				
\$31-40,000				
\$41-45,000				
\$46-50,000				
>\$51,000				

Your signature attests to the truth of above information: \_\_\_\_\_ date: \_\_\_\_\_

**Office Use Only:** Date received: \_\_\_\_\_ Grant Notification on: \_\_\_\_\_ Amount of Grant: \_\_\_\_\_