



Winding Trails

50 Winding Trails Drive
Farmington, CT 06032

Phone: (860) 677-8458 Fax: (860) 676-9407

www.windingtrails.org

Request for Financial Assistance

Winding Trails is a nonprofit organization committed to serving people regardless of their financial situation. Thanks to annual support through our Trails Fund, Winding Trails offers financial assistance for our camp and membership programs. To be considered for this assistance, this form must be completed in its entirety and returned to Winding Trails along with the appropriate supporting documentation. Any application not filled out completely or missing documentation will not be considered. If you are completing this form for membership assistance, the paperwork must be in our office by December 1st to be considered for membership for the following year. Campships are awarded based on funds and space availability.

Winding Trails roughly follows the income guidelines determined by the Connecticut State Department of Education free and reduced meal program. These financial guidelines are rough parameters and each individual or family may have extenuating circumstances that may make them eligible for assistance. Please be sure to complete in detail any special circumstances to be considered on page four. The information provided remains confidential and is not shared with any other organization. The financial guidelines are as follows:

Number in Family	1	2	3	4	5	6	7	8
Annual Gross Income	\$15,171	\$20,449	\$25,727	\$31,005	\$36,283	\$41,561	\$46,839	\$52,117

Name _____ Home # _____ Cell # _____

E-mail _____ Work # _____

Spouse's Name _____ Home # _____ Cell # _____

E-mail _____ Work # _____

Address _____ Apt # _____

City _____ State _____ ZIP _____

Marital Status: Single Married Partner

Number of dependents _____ (include yourself, spouse/partner and children)

Are you a full time student? Yes No Name of School _____

Total Household Monthly Income

We will need the following information for all adults in the household to verify household income.

Your gross monthly salary	\$ _____
Other adults gross monthly salary	\$ _____
Child support	\$ _____
Aid to dependent children	\$ _____
Welfare	\$ _____
Food Stamps	\$ _____
Reduced School Lunch Program	\$ _____
Social Security/Disability	\$ _____
Unemployment	\$ _____
Pension/Retirement	\$ _____
Alimony	\$ _____
Care 4 Kids	\$ _____
Other (Please explain)	\$ _____

Total Monthly Income \$ _____

With This Application Please Include the Following Information

- _____ Copy of most recent tax returns. If you have not filed you need to show proof of non-filing status.
- _____ Copies of your last two pay stubs from all current employers of all working members of your family(if applicable).
- _____ Proof of Public Assistance (if applicable).

Please Tell Us Any Special Circumstances That Should Be Considered With Your Application
