



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/or 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. Camperships 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:

2026-2027 Income Guidelines:

Number in Family	1	2	3	4	5	6	7	8
Annual Gross Income	\$20,748	\$28,132	\$35,516	\$42,900	\$50,284	\$57,668	\$65,052	\$72,436

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 _____

List names of Dependents (last names also if different from yours) and ages of all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. _____ Age _____ Entering grade in the fall _____
2. _____ Age _____ Entering grade in the fall _____
3. _____ Age _____ Entering grade in the fall _____
4. _____ Age _____ Entering grade in the fall _____
5. _____ Age _____ Entering grade in the fall _____

For Which Program Are You Requesting Assistance? _____ Camp _____ Membership

Who referred you to this assistance program? _____

Has your family received financial assistance from Winding Trails previously? _____ Yes _____ No

Are you willing to contribute any portion of the payment? _____ Yes _____ No If yes, how much are you able to pay? _____

Applicant's Employment Information

Are you currently employed? _____ Yes _____ No If Yes, please complete the following information.

Applicant's Employer _____ Work # _____

Employer's Address _____
Street City State Zip

Applicant's Position _____ Length of Employment _____

Spouse's/Partner's Employment Information

Are you currently employed? _____ Yes _____ No If Yes, please complete the following information.

Applicant's Employer _____ Work # _____

Employer's Address _____
Street City State Zip

Applicant's Position _____ Length of Employment _____

Which of the Following Sources are You Receiving Benefits From:

_____ Disability _____ Energy Assistance _____ Food Stamps/SNAP
_____ Job employment _____ Rental Assistance _____ Social Security
_____ Unemployment _____ Veterans Benefits _____ Welfare
_____ Other - _____

Total Household Monthly Income

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

Your gross monthly payroll salary	\$ _____
Spouse's gross monthly payroll salary	\$ _____
Welfare	\$ _____
Social Security	\$ _____
Disability Income	\$ _____
Alimony	\$ _____
Child support	\$ _____
Aid to dependent children	\$ _____
Unemployment Assistance	\$ _____
Pension/Retirement	\$ _____
Veterans Benefits	\$ _____
Worker's Compensation	\$ _____
Other Income (Please explain)	\$ _____

Total Household Monthly Income	\$ _____	Yearly Income \$ _____
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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

Voluntary Survey

Government agencies and grantors require reports on status of our applicants. This data is for analysis and affirmative action only. **Submission is voluntary.** Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for financial assistance. Please check all that may apply.

Military or Veteran: ☐ Yes ☐ No

Ethnicity: ☐ Hispanic or Latino ☐ Black or African American ☐ Asian
 ☐ Middle Eastern/Arab ☐ White ☐ Two or more races
 ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander

What languages are you capable of speaking fluently?

☐ English ☐ Spanish ☐ French ☐ Portuguese ☐ Mandarin
☐ Arabic ☐ Chinese ☐ Russian ☐ Other _____

Are you willing to volunteer for any of the following tasks?

☐ Board or Committee Member ☐ Clean-up Days ☐ Special Projects ☐ Special Events

I declare that the aforementioned statements are true and correct to the best of my knowledge. I agree to notify Winding Trails if my financial situation changes. Additionally, I understand that if I agree to pay part of the fees, I will keep those payments up to date. If I do not, Winding Trails, Inc. could end the assistance to my family. Furthermore, I understand that if I am awarded financial assistance and do not utilize these programs, Winding Trails reserves the right to not award future assistance.

Signature of Parent/Guardian _____

Printed Name _____ Date _____

Return to:

Winding Trails, Inc. 50 Winding Trails Drive, Farmington, CT 06032 or fax (860) 676-9407

Fostering a Love for the Outdoors / Creating a Sense of Community / Developing Leadership and Life Skills