



**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 and grants made on the basis of recommendations from certified social service organizations associated with the State of Maine, York or Cumberland County, Town of Limington, School Department or non-profits such as Salvation Army. Grants are applied directly to the actual cost of the camp program and check issued 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 said funds could be used for another child.

**Application:**

Referring Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_

**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 this child's background or areas of interest in order to make this a wonderful camp experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only:** Date received: \_\_\_\_\_ Grant Decision Communicated on: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_