

**CHAPEL OF THE CROSS LUTHERAN SUMMER DAY CAMP
2018 FINANCIAL AID APPLICATION**

Complete all information below and return to the Summer Camp Office with the required attachments.

PLEASE PRINT

Parent/Guardian Name(s): _____ Phone Number: _____ Email: _____

Camper Name(s): _____

How many days per week do you need Summer Camp? _____ How many weeks do you need Summer Camp? _____

How much can you afford to pay weekly? _____

HOUSEHOLD INFORMATION: *List everyone living in your household*

NAME	Chapel Summer Camper (yes/no)	Gross Income – Include earnings from work before deductions, welfare, child support, alimony, pensions, retirement, social security & how often (weekly, every 2 weeks, 2x a month, monthly, yearly)	Write NO if this person has no income	List any state or federal aid received Ex: food stamps, child care aid, free/reduced lunch

(Add an additional sheet if needed)

EXTENUATING CIRCUMSTANCES: Please let us know about any additional factors that you would like us to consider as we evaluate your application for financial aid:

Submit this completed application along with copies of your 3 most recent pay stubs.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Signature: _____

Date Signed: _____

For Office Use Only

Date Received:

Financial Aid Awarded:

Date parent/guardian contacted: