**CHAPEL OF THE CROSS LUTHERAN SUMMER DAY CAMP**

**2021 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 |
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*(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

