

# Camp Trinity 2013

## Financial Assistance Request Form

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

I would like to request financial assistance for \_\_\_\_\_  
(name of camper)

for the Camp Trinity session of \_\_\_\_\_, from \_\_\_\_\_.  
(name of session) (dates)

\_\_\_\_\_ This person is already registered for this session of camp.

\_\_\_\_\_ This person is not registered for camp.

**AMOUNT REQUESTED:**

one fourth tuition	_____
one third tuition	_____
one half tuition	_____
other amount	_____

This person is being sponsored by \_\_\_\_\_.  
(person, individual, agency)

We will provide assistance in the amount of \$ \_\_\_\_\_ from parish or other local sources.

We understand that \$ \_\_\_\_\_ has been secured from \_\_\_\_\_ for this camper's tuition.  
(other source)

**ENDORSEMENT:** (By rector, minister, or agency representative)

By endorsing this request for financial assistance, I verify the need of this prospective camper for a scholarship.

Name: \_\_\_\_\_  
Parish: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments** (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All requests for financial assistance must be in writing and require the signature of a priest, minister, or agency representative. Scholarship forms are available online and by request. **Requests must be received in the camp office by March 30.** Scholarship applications are reviewed in late spring, when the total amount of available funds is known. When a tuition assistance grant is made, the recipient's parent or guardian will be contacted notifying them of financial assistance granted. Please complete this form and mail to: Camp Trinity, P.O. Drawer 380, Salter Path, NC, 28575.