



Camp Saint Andrews. P.O. Box 1555, Millbrae, CA. 94030

FINANCIAL AID APPLICATION

Parent #1/Yourself: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Monthly Gross Pay: \$ _____ Monthly Net Pay: \$ _____

Please list any deductions and amounts from your paycheck other than taxes: _____

Parent #2/Spouse: _____

Address (If different): _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Monthly Gross Pay: \$ _____ Monthly Net Pay: \$ _____

Please list any deductions and amounts from your paycheck other than taxes: _____

Names of those in household applying for financial assistance (including yourself if applicable):

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Please state why you feel you are in need of financial assistance: _____

Our Financial Aid for campers/PA's is limited so the minimum as stated on the brochure must be contributed by the applicant for each camper/PA receiving assistance. Staff/C.I.T. financial aid is limited and will be determined and allocated based on need. The amount contributed includes Camp Fees, any applicable training costs, and transportation of camper to and from camp. Any additional amount that you are able to contribute would be greatly appreciated.

Your Signature _____ Date _____

(Parent/Guardian/Self)

The sponsors who provide the money for financial aid ask that you give us a personal reference:

Name: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Diocese of California – Department of Camp Ministries

SCHOLARSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email address _____

Parent/Guardian (please print) _____

Church/City _____ Rector/Vicar _____

Name and date of event attending _____

No one is turned away from Diocesan events due to financial hardship. The expense of this event is to be shared amongst the participant, his/her congregation and the Department of Camp Ministries. Please provide a few sentences as to your reasons for requesting financial aid.

Statement of Need

Amount Requested

1. Total Cost of Event \$ _____
2. Amount paid by participant \$ _____
3. Amount paid by congregation \$ _____
4. Add lines 2 & 3 \$ _____
5. Subtract the amount from line 4 from line 1. This is the scholarship amount paid by Camps & Conferences. \$ _____

Participant signature _____ Date _____

Parent signature (if participant under age 18) _____ Date _____

For Your Rector or Vicar

I verify that, to the best of my knowledge, the above named applicant is in need of scholarship aid in order to attend the above listed program. Enclosed is \$ _____ as partial scholarship from my congregation.

Rector or Vicar signature _____ Date _____

Return completed scholarship application and checks made payable to Camp Saint Andrews to:

Scholarship Program: Camp St. Andrews

P.O. Box 1555

Millbrae, CA. 94030

Office use only: Scholarship amount granted \$ _____ by _____ Date _____