



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

FINANCIAL AID PACKET

On your registration you requested financial assistance. I have enclosed the two forms necessary to process your financial aid. You need only to fill out the information and mail them in.

Please follow the instructions below for filling out the forms, and if you have any questions, please do not hesitate to contact me.

The first form is the “Camp Saint Andrews Financial Aid Application”. Please **fill out all of the information**, and return it with the Diocese application. You only need to fill out one form per household, but please make sure to list all names of those requesting financial assistance, including yourself if applicable.

The second form is the “Diocese of California SCHOLARSHIP APPLICATION”. **This form needs to only have the Name, Address, Age and Birthdate filled in and then signed** by the parent or legal guardian of the applicant, or by the applicant themselves if over 18 years of age. **Do not fill in any of the amounts. Disregard any of the instructions on the form regarding payment.**

Our financial aid is limited, and will be given until the allotment of funds has been dispersed. Therefore, the sooner your applications are received, the sooner we can begin processing your financial aid. Please remember that financial aid is designed to supplement camp fees, and each recipient will be required to pay a minimum.

Mail your Financial Aid forms to: Camp Saint Andrew’s
Attn: Treasurer
P.O. Box 1555
Millbrae, CA. 94030

We look forward to having you at camp!

Sincerely,

Camp Registrar



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

SCHOLORSHIP 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 _____