Financial Aid Application Form

Camper(s) Name(s): _____

Parent(s)/Guardian(s): _____

Address_____

City_____ State _____ Zip _____

Home Phone (____) _____ - _____ Work/Cell Phone (____) _____ - _____

Email: _____

Home Church: _____

I am in need of (check one): Full($120): _____ Half($60): _____ other: $_____

Any other details we need to know? _____

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