Camp Trinity 2024

Financial Assistance Request Form

NAME:	TELEPHONE:()	
ADDRESS:		
CITY:	ST:	
ZIPCODE:	<u> </u>	
I would like to request financial assist	stance for (name of camper)	
	(name of camper)	
for the Camp Trinity session of	, from	
	(name of session) (dates)	
This person is already registeredThis person is not registered for	*	
*Please note that the deposit of \$6	60 must be submitted for the scholarship amount to be co	onsidered.
AMOUNT REQUESTED:	one fourth tuition one third tuition	
	one half tuition	
	other amount	
This person is being sponsored by	.	
_	(person, individual, agency)	
	rishes and other local sources are able to provide additional as illities to help with your camper's tuition.	sistance.
	will provide assistance in the amount of \$	from parish
or other local sources.		
ENDORSEMENT: (By	rector, minister, or agency representative)	
By endorsing this request for a scholarship.	for financial assistance, I verify the need of this prospective ca	amper for
Name:		
Parish:		
Address:		
City:	St: Zipcode:	
Comments (optional)		
Comments (optionar)		_

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 April 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 the financial assistance granted. **Please note that the deposit of \$60 must be submitted with the application for the scholarship amount to be considered.** Please complete this form and mail to: Camp Trinity, P.O. Drawer 380, Salter Path, NC 28575.