



## Financial Aid Application

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Age child will be on June 13: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Amount of scholarship you are requesting: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Do you need before care from 7:00a-9:00a Y N Do you need aftercare from 4:00p-6:00p Y N

### Select all weeks you would like to register your child for camp

(Changes may be made to your camp Registration)

Week 1 May 29 - June 2 \_\_\_\_\_ Week 2: June 5-9 \_\_\_\_\_ Week 3: June 12 - 16 \_\_\_\_\_

Week 4: June 19 - 23 \_\_\_\_\_ Week 5: June 26 - 30 \_\_\_\_\_ Week 6: July 3-7 \_\_\_\_\_

Week 7: July 10-14 \_\_\_\_\_ Week 8: July 17-21 \_\_\_\_\_ Week 9: July 24-28 \_\_\_\_\_

Week 10: July 31 - August 4 \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Return to the Church Office, scan and email, or mail to:

St. Paul United Methodist Church  
C/O Kaitie Johnson  
1199 Highland Avenue  
Largo, FL 33770

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