



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: Jun 13-17 _____ Week 2: Jun 20-24 _____ Week 3: Jun 27-Jul 1 _____

Week 4: Jul 5-8 _____ Week 5: Jul 11-15 _____ Week 6: Jul 18-22 _____

Week 7: Jul 25-29 _____ Week 8: Aug 1-5 _____

Signature of participant:

Signature of parent/guardian:

Return to the Church Office, scan and email to kaitie.j@stpaulumc.org or mail to:

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

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