



SUMMER CAMP ASSISTANCE REQUEST

The information you provide is confidential and will be viewed only by members of our Benevolence Team. Please fill out this form in its entirety: write N/A where the question does not apply to you. Failure to fill out the form properly will result in denial of your application. You will receive a phone call within one business week from the date the application was submitted.

Parent/Guardian Information

Last Name _____ First Name _____ Date _____

Address _____ City _____ Zip Code _____

Phone Number _____ E-mail Address _____

Do you attend Central Christian Church? Yes No What Campus? _____

Number of people living in your household _____

Family Information

Marital Status (please select one) Married Separated Divorce Widowed

Spouse's name (or significant other living with you) _____

Please write the names, ages, and grade in fall of 2017 for the children in your family attending a Central Summer camp:

Is your family serving anywhere at Central, if so where?

Financial Information

Are you employed? Yes No Employer_____

Are you receiving government aid? (I.e. food stamps, cash assistance, etc.) Yes No \$_____

Monthly combined household income: \$ _____

Monthly household expenses: \$ _____

Please indicate the reason (s) for seeking camp assistance.

FOR OFFICE USE ONLY

INTERVIEWER _____

NOTES

ACTION TAKEN