

CAMP SANCTA MARIA

Wholesome Recreation in an Atmosphere of Faith

FINANCIAL AID AND SCHOLARSHIP FORM

Before completing the application, we ask you to consider the following.

To help spread our limited funding to as many families as possible, we encourage you to carefully consider whether a family member, a friend, or your child's parish may be willing to help with some or all of the cost of sending your child to camp. Your parish priest may have even attended CSM as a camper himself.

Many campers have attended camp with such assistance. We find that many people are generous and eager to help nourish the spiritual growth of youth in their community.

How much aid are you requesting? \$_

Parent/Guardian Name:	
Email:	
Phone:	
Address:	
City:	State: Zip:
CAMPER PROFILE	
Camper Name:	
Has your camper attended CSM before? Y	TES or NO # of years at CSM:
Camper Age: (as of 06/25	5/2017)
Session your camper would like to attend:	:
FAMILY PROFILE	
Number of adults in household:	Number of children in household:
Household Adjusted Gross Income (AGI) \$	S
Have you applied for CSM financial aid bef	fore? YES or NO Amount Received? \$
To be completed by the parent/guardian	: Please describe your financial need and the
reason(s) you are requesting assistance	



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To be completed by the parent/guardian: Please tell us why you think your child would benefit from spending
time at CSM. What changes would you hope to see? How might it affect your child's interaction with peers and adults?
What are your expectations of a stay at CSM, socially and/or spiritually? How does your child do at school? How does he/
she relate with siblings/friends? What else would you like to tell us?
To be completed by the child: What are you most looking forward to at Camp and why do you think Camp Sancta
Maria would be fun?
Maria Would be full.

PLEASE EMAIL, FAX OR MAIL THE COMPLETED FORM TO:

CAMP SANCTA MARIA • P. O. Box 613 • Washington, MI 48094

Phone: 248-822-8199 • Fax: 866-875-1933