## Camp Trinity 2025 Financial Assistance Request Form

NAME:	TELEPHONE:()	
ADDRESS:		
CITY:	ST:	
ZIPCODE:		
I would like to request financial assis	tance for	
1	tance for (name of camper)	
for the Camp Trinity session of	, from	
	(name of session), from(date	es)
This person is already registered This person is not registered for	*	
*Please note that the deposit of \$6	50 must be submitted for the scholarship	amount to be considered.
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 pro- ilities to help with your camper's tuition.	wide additional assistance.
We understand that or other local sources.	will provide assistance in the amoun	t of \$ from parish
<b>ENDORSEMENT</b> : (By	rector, minister, or agency representative)	
By endorsing this request f a scholarship.	for financial assistance, I verify the need of t	this prospective camper for
Name:		
Parish:		
Address:		
City:	St:Zipcode:	
<b>Comments</b> (optional)		
All requests for financial assistance n	nust be in writing and require the signature of	of a priest, minister, or

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 and given a tuition code. **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 or to: Camp Trinity, P.O. Drawer 380, Salter Path, NC 28575.