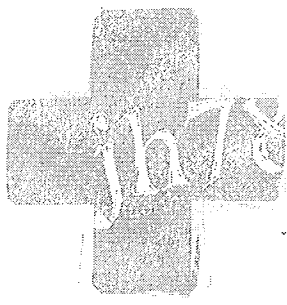


For Office use Only Date Received: _____

Assistance Amount Applied to Cost: \$ _____



NCC Jr. High Financial Aid Application

TO BE COMPLETED BY PARENTS

We would like to do everything we can to help your Jr. High student have a great camp/event experience. Please take a moment to prayerfully consider your how much assistance you may need towards this event. Any contribution toward said event is greatly appreciated as our Jr. High does not have a Scholarship fund and depends on the generosity of others.

Student's Full Name: _____ Grade: 7th / 8th (please circle one)
(Please print clearly)

Parent's Full Name _____ Home Phone _____ Cell _____

Which Camp/Event will your son or daughter be attending? _____

Date(s) of Camp/ Event: _____ Cost of Camp/Event: \$ _____

How long have you regularly attended North Coast Church? _____

Assistance is offered in 3 different levels:

1. 50% of total cost
2. Partial payment (i.e. a portion of camp/event cost)
3. Full assistance for extreme need

Please note the following guidelines:

- Need based assistance is provided to students in difficult financial situations.
- You may be called to discuss the Financial Aid Application
- Parents are responsible for filling out the application and returning it to the Student Ministries Office by the appropriate registration deadline.

FINANCIAL INFORMATION

1. How much are you able to contribute towards the **overall** cost of this camp? \$ _____

2. Why are you applying for financial aid at this time?

(i.e. loss of job, extreme shortage of money, several kids going to multiple camps, etc.)

3. Is your family on a single or dual income? _____

4. How many children are in your family? _____

5. Have you been using the SCRIP program? _____ If so, how long? _____

Parent Signature _____ Date _____