



Camp & Retreat Center

APPLICATION for FINANCIAL ASSISTANCE

DATE _____

NAME of PARTICIPANT _____

IF UNDER AGE 18, NAME of PARENT/GUARDIAN _____

ADDRESS _____
Street City State Zip

EMAIL ADDRESS _____

PHONE _____ Best Times to Reach: _____

CAMP or RETREAT SESSION NAME & DATE _____

AMOUNT FAMILY IS ABLE TO CONTRIBUTE _____

AMOUNT CHURCH OR AGENCY IS ABLE TO CONTRIBUTE _____

AMOUNT OF ASSISTANCE REQUESTED FROM N-SID-SEN _____

Check the programs for which the participant is eligible: Medicaid SNAP TANF

Briefly list circumstances of need _____

SIGNATURE of PARENT/GUARDIAN _____

IF RELATED TO A CHURCH OR AGENCY:

Name of Pastor or Case Manager _____

Church or Agency Name _____

Email Address _____ Phone Number _____

Rev 01.23

OFFICE USE ONLY: AMOUNT APPROVED _____ DATE APPROVED _____

APPROVED BY _____ NOTES _____