

**Financial Assistance
San Diego Christian Foundation**

Please complete:

Camper's/Child's name: _____

Camper's/Child's name: _____

Camper's/Child's name: _____

Address: _____ City: _____

Zip: _____ Home Phone Number _____

Church your family attends _____ (please give specific congregation)

Your name (person filling out this form): _____

Relationship to the camper(s): _____

Parent(s) Name: _____

(fill in only if it's different than the person filling out this form)

Have you contacted your congregation for financial assistance? _____ YES _____ NO

What is the amount you are able to pay for your child(ren) to attend camp?

What is the total dollar amount you are requesting?

Do you have any suggestions how we could better serve families needing financial assistance in the future?

Please return this request by April 20, 2014:

Mail to: San Diego Christian Foundation Att: Bible Camp Executive Director

4282 Balboa Ave, San Diego, CA 92117