

**Financial Assistance**  
**San Diego Christian Foundation**

Please complete:

Camper's/Child's name: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Church your family attends: \_\_\_\_\_ (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, 2018.

Mail to: San Diego Christian Foundation

Atten: Bible Camp Executive Director

4282 Balboa Avenue

San Diego, CA 92117