



## 2020 CYO Fall Day Camp Financial Aid Assistance

Caritas Creek Camperships are awarded on a first come, first serve basis.

Please email completed application to: [Daycamp@catholiccharitiessf.org](mailto:Daycamp@catholiccharitiessf.org) or fax to 707-874-0200

### PARENT INFORMATION

Parent Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### CHILD INFORMATION

Child Name: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F

Has your child previously attended CYO Camp in the past? Y / N

School: \_\_\_\_\_ Grade Entering in Fall, 2020: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### FINANCIAL INFORMATION

Reason for Financial Aid Request:

\_\_\_\_\_ Unemployed \_\_\_\_\_ Partially employed \_\_\_\_\_ Single parent \_\_\_\_\_ other reason

If you checked "other reason" please explain:

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How many children are in your household? \_\_\_\_\_ Will your child be able to attend without financial support? Y / N

Amount Needed: \$ \_\_\_\_\_

### PERSONAL ESSAY (optional)

*Please tell us about your child and your family circumstances so we know more about who you are and why you request financial aid.*

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