

# Lake Chautauqua Lutheran Center

## Application for Financial Assistance

LCLC pledges to never turn a child away from a week of camp due to financial reasons. Because of that pledge, financial assistance is available as needed. So that we can share "camperships" with as many families as possible, we do ask the following:

- That you also seek financial assistance from your home congregation.
- That each family pays at least the registration fee if not more as able.
- That individuals receive no more than one campership per summer camping season.
- The typical maximum campership given by LCLC is one third of the total program fee. Exceptions to this typical amount are awarded as needed.

Please complete the following form and return it to LCLC at least three weeks before your program begins. After receipt of this form, LCLC will inform you of the amount of financial assistance we will be able to provide.

**Camper's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Day Time Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Total number of dependents in your household:** \_\_\_\_\_ **Total household gross income:** \$ \_\_\_\_\_

**Home Congregation:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Camp Program:** \_\_\_\_\_ **Week:** \_\_\_\_\_

<b>Cost of Program</b>	\$ _____
Amount Paid by Home Congregation	\$ _____
Amount Paid by Family (including registration fee)	\$ _____
Other Sources of Assistance	\$ _____
<b>Amount Requested from LCLC</b>	<b>\$ _____</b>

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As needed, please use the back of this form to explain any background information or unusual circumstances regarding your situation that might have a bearing on your application.

Thank you for taking the time to complete this form. Your information will be kept confidential. A response will be given to you via the phone or email as quickly as possible.