

•Great Escape 2017 Financial Aid Application•

Student's Name _____

Parent/ Guardian Name _____

Contact number _____

Email Address _____

Campus Attending: HP _____ Felida _____ Neither _____

Great Escape has a limited number of financial aid awards available, financial aid will be given on a first-come-first-served basis and only in the amount of \$115.

We will call you after your application has been reviewed.

Cost of Camp **\$409**

Less Scholarship amount **\$115**

Remaining Balance **\$294**

*****The remaining balance is due before your student leaves for camp.***

Briefly describe the financial reasons for your request:

**This section is required, please know that all information disclosed will remain confidential.*

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return form to the Summit View Church office (7701 NE 182nd Ave., Vancouver WA 98682) or return to the Hub on Sunday. You may also turn it in at Tribe on Tuesday or Wednesday.

Office use only:

Date received _____ Contacted _____ Executive Pastor _____