

Beacon Financial Aid Application 2018

Student Name _____

Grade _____

School _____

Parent/ Guardian Name _____

Contact Number _____

- Beacon has a limited amount of financial aid available
- Aid will be given on a first-come-first-served basis and is based on necessity
- Financial aid is only in the amount of \$55
- We will call you after your application has been reviewed

Camp cost: \$140 (Early bird pricing)

Aid amount: \$55

Amount due if aid is approved: \$85

Briefly describe the reason for your request in the space provided below:

(All information disclosed will remain confidential.)

Student Signature _____ Date _____

Parent Signature _____ Date _____

Return completed form to the Summit View church office or the Hub on Sunday. *** DO NOT MAIL ***

Office use only: Date received: _____ Contacted: _____ Campus: HP/Westside

Approved by Executive Pastor: _____