



Financial Assistance Application

We want every child to have the opportunity to experience the fun and joy of camp and other exciting church activities!

To apply for financial assistance please complete this form and return it to the church office at least 2 weeks prior to the payment deadline for the event. The parent/guardian must sign this form.

Return to: **Mount Cross Lutheran Church**
102 Camino Esplendido
Camarillo, CA 93010

Program applying for: _____

Dates of program: _____

#	Child's Name	Grade (Fall 2015)	Program Cost \$	Family Will Pay \$	Amount Requested \$
1					
2					
3					
				Total:	

Total amount requested: _____

Parent/Guardian Name (s) _____

Mailing Address _____

City _____ State _____ Zip: _____

Phone # _____ Email _____

Parent/Guardian Signature _____

Parent/guardian will get a status call or email within one week of submitting this form. For more questions please contact Meredith Gardner at (805)482-3847 or by email at meredith@mountcross.com. God speed!