



2019 CAMP FINANCIAL AID APPLICATION

Camper's Name: _____

Parent's Name: _____

Address: _____ City _____ State _____ Zip _____

Home (or cell) Phone: _____ Email: _____

School: _____ Grade: _____ Camp Sport: _____

1. What scholarship amount do you feel you need in order to attend camp? Please include an explanation of any circumstances that will help us make our decision (do not leave blank).

2. Parents estimated combined 2019 gross income: (Please check appropriate box)

- Under \$20,000 \$35-50,000 \$75,000-\$100,000
 \$20-35,000 \$50-75,000

3. Other siblings and ages:

4. Have you attended FCA summer camp before? Have you received financial aid before?

5. Do you have an FCA Huddle at your school? If so, are you actively involved?

Parent Signature: _____ Date: _____

**Please Complete and mail to local FCA office
or give to your FCA area rep with registration.**

P.O. Box 34466

Phoenix, AZ 85067-4466

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www.azfca.org