



Camp St. Andrews

1600 Santa Lucia Ave, San Bruno, CA 94066
Mailing Address: PO Box 397, San Bruno, CA 94066
Office Phone: (650) 445-4555

OFFICIAL USE ONLY

Date Received: _____
Date Approved: _____
Amount Approved: _____
Approval Signature: _____

Financial Aid Application

Must be postmarked or submitted by May 1, 2017

Participant Information:

Adult Staff (18+) Name: _____ ☐ Male ☐ Female Date of Birth: _____
Adult Staff (18+) Email: _____ Adult Staff (18+) Phone: _____ cell ☐ home ☐

If a minor:

Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____
Parent/Guardian #1 Email: _____ Parent/Guardian #2 Email _____
Parent/Guardian #1 Phone: _____ cell ☐ home ☐ Parent/Guardian #2 Phone: _____ cell ☐ home ☐

Primary contact for communication: ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both

Preferred method for communication: ☐ email ☐ U.S. mail ☐ phone

Participant (8-17years old) Name: _____ ☐ Male ☐ Female Date of Birth: _____
Participant (8-17years old) Name: _____ ☐ Male ☐ Female Date of Birth: _____
Participant (8-17years old) Name: _____ ☐ Male ☐ Female Date of Birth: _____
Participant (8-17years old) Name: _____ ☐ Male ☐ Female Date of Birth: _____
Participant (8-17years old) Name: _____ ☐ Male ☐ Female Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Income:

Gross Annual Household Income including all sources: ☐ <25k ☐ <50k ☐ <75k ☐ <100k ☐ >100k

Reason for financial assistance: _____

Are you able to provide proof of income? ☐ Yes ☐ No

Are you able to provide a Letter of Reference (from a teacher, neighbor, etc)? ☐ Yes ☐ No

Why do you/the participants want to come to Camp Saint Andrews? _____

This application is for a request for a reduction in camp fees. Initial registration and staff application (and approval) must be completed with associated registration and application fees paid in full before Financial Aid can be considered. Any discount to camp fees will be reviewed and applied to the outstanding camp fees balance. It will not be distributed as funds to individual participants. Receipt of this application does not guarantee any aid. Several factors are used in the assessment process that includes but is not limited to available funding and verified need.

By signing this financial aid application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent submits an application containing any false, incomplete or misleading information may have their financial aid rescinded and be responsible for all camp fees.

SIGNATURE of STAFF (18+) OR PARENT/LEGAL GUARDIAN

DATE

Please digitally sign and submit, or you may send printed and signed form to the CSA mailing address above. Please email treasurer@campsaintandrew.org or call Cindy Cuevas at 830-481-9519 with any questions or concerns.