

Metropolis of Boston Camp 2019

FINANCIAL ASSISTANCE APPLICATION

Please complete all of the questions. Attach additional pages if necessary.

Today's date: _____

PERSONAL INFORMATION

Camper Name (*First, Middle, Last*): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email address: _____

Date of Birth: _____

Father's Name (*First, Middle, Last*): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Mother's Name (*First, Middle, Last*): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Are you an Orthodox Christian? Yes No If No, please specify: _____

Please indicate your citizenship status: US Citizen Permanent Resident

Metropolis: _____ Parish: _____

Parish Priest: _____

What organizations within your church are you involved? _____

FAMILY INFORMATION

1. Parent Marital Status? Married/Remarried Single
 Divorced/Separated Widowed
2. Total family size **including yourself**? _____

ADDITIONAL INFORMATION

For which session(s) of MBC have you applied?

- Winter Camp Session 1 Session 2 Session 3 Session 4 Fall Camp

Family Donation: \$ _____

Scholarship Amount Requested: \$ _____

Please inform us of any special circumstances that you think we should be aware of _____

Please share with us a Personal Statement AND one of the following:

1. If this is your first time attending the Metropolis of Boston Summer Camp program, please tell us why you want to attend MBC and what you are hoping to experience.
2. If you are a returning camper, please tell us what the Metropolis of Boston Camp means to you.

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AUTHORIZATION AND CERTIFICATION

While I understand all information will be kept strictly confidential, I authorize the Greek Orthodox Metropolis of Boston to release application information, including copies of my application and attached files, to the **Metropolis of Boston Camp Financial Assistance Committee (MBCFAC)** or agent thereof.

I agree to have the Metropolis of Boston and/or the MBCFAC or agent thereof to verify any and all of the application information given, including pertinent personal and financial information. The Metropolis of Boston and/or MBCFAC or agent thereof may contact my employer(s), references, as well as schools cited herein to substantiate this information. I also understand that I may be required to authenticate the information given by submitting copies of additional financial records, or any other relevant document(s) or statement(s).

I hereby certify that the information provided in this application is accurate and that I am the author of the attached essay. I understand that if any information is found to be inaccurate or incomplete, the MBCFAC will deny me an award.

Signature of Applicant _____ **Date:** _____

Signature of Parent/Guardian _____ **Date:** _____