

# Metropolis of Boston Camp 2021

## 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 financial circumstances that you think we should be aware of:

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**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:** \_\_\_\_\_