2110 Broadway • Sacramento, CA 95818-2541 • (916) 733-0123 • Fax (916) 733-0195 • www.pendola.org

Camp Pendola

Application for Financial Aid

Thank you for choosing Camp Pendola! To request financial aid, please complete and return to us this form. We are committed to helping as many campers in need as possible and we must rely on the generosity of individuals, benevolent organizations and Friends of Pendola to provide the needed funds.

Parent/Guardian Name(s)		Phone Number	()
Email:		Annual household income (before taxes):	
Total number of people in your household under 18		Over 18	
Does the applicant receive, or do	o they qualify for free/reduced lur	nches at school Yes	No
	ial Assistance (\$200) or Campo ship you must also submit a copy		
	ole to as many families as possible financial aid for optional fees suc	•	ontribute a portion of the
Camper Name(s)	Our Family Can Pay	Amou	unt Requested
			
Is there any information concern (use back of page, if needed)?	ning your financial situation (in ad	dition to the above) that will	help us assess financial need
 We are willing to help yo Most parishes have men 	in providing a summer camp expo ou arrange a payment plan to help a and women organizations that a se for contact information.	o with you portion.	nding children to camp. Please
Are you willing to help at our N	or funds, so that we can reach mo Memorial Day Work Weekend at C r office projects at the Pastoral Ce	Camp Pendola? Yes N	No No
	s. If you have any concerns or quing at Camp Pendola this summer!	· •	fer, using the information

@camppendola

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