

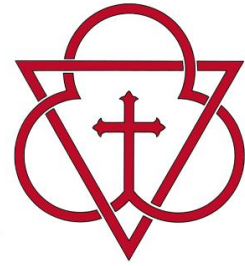


HOLY TRINITY EPISCOPAL CHURCH

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**Camp Allen Summer Camp 2016
Application for Financial Assistance**

Holy Trinity Episcopal Church offers partial funds to eligible individuals who would like to attend Camp Allen for summer camp.

EPISCOPALIANS ARE “PEOPLE OF THE BOOK,” the Bible and the Book of Common Prayer (BCP). Episcopalians agree to disagree on many things, *but to be an Episcopalian is to wholeheartedly agree to come together regularly for corporate worship drawn from the BCP.*

According to our diocese, a **member of the church is one who:**

“has been faithful in corporate worship, unless for good cause prevented, and has been faithful in working, praying, and giving for the spread of the Kingdom of God.”

With this in mind the following requirements are established. Please initial and enter information where indicated.

A. ELIGIBILITY. To be eligible for this program, the **CHILD HAS:**

1. Participated in worship at Holy Trinity a minimum of 9 times in the last 12 months. **IF RIDES TO CHURCH ARE IMPEDING WORSHIPPING ON SUNDAY, PLEASE ADVISE THE RECTOR ASAP SO THAT A RIDE MAY BE ARRANGED.**
2. Participated in service to the church and/or wider community through Holy Trinity sponsored ministries such as acolyting, choir, JDOK, HOS, lectoring, outreach and/or has attended Sunday Morning Christian Formation (Sunday School).
3. Participated in scheduled Camp Allen Summer Camp fundraising events.

B. REQUIREMENT of the CHILD: In return for receiving financial assistance, **the child will:**

1. Write a note of thanks for the financial support received within 3 weeks of returning home from summer camp. The note should be addressed to “Holy Trinity Episcopal Church, Att’n Summer Camp.”

INITIAL HERE (child) _____ **INITIAL HERE (parent)** _____

C. REQUIREMENTS of the PARENT / GUARDIAN: To be eligible for this financial assistance program, the parent will:

1. **FIRST apply directly to Camp Allen for a Summer Camp Scholarship as immediately as possible, and prior to applying to Holy Trinity.**

Date applied for financial assistance _____ / _____ / _____

Status of request for assistance _____

2. Understand that funds from Holy Trinity are dependent upon applying for and receiving funding directly from Camp Allen. **INITIAL HERE (parent)** _____
3. Reimburse Holy Trinity for the amount given by Holy Trinity should the enrollment be cancelled for any reason at any time. **INITIAL HERE (parent)** _____
4. Provide the following additional information:

Camper Name: _____

Grade for **2015-2016** school year: _____ Age: _____ Birthday _____

Address: _____

Parent or Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Camp Session: _____ Alternate Choice: _____

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand the qualification criteria and this application is made in good faith with no intent to misinterpret the applicant's circumstances.

Parent/Guardian Signature and Date

Received by Holy Trinity on _____ by _____.
Reviewed by _____ on _____.
Notes: