

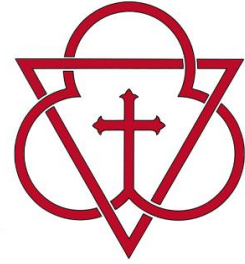


HOLY TRINITY EPISCOPAL CHURCH

4613 Highway 3

Dickinson, TX 77539

[www.ht-d.org](http://www.ht-d.org) ✉ [office@ht-d.org](mailto:office@ht-d.org)



**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.

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Parent/Guardian Signature and Date

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