CAREER & COLLEGE CAMP (C₃)

Financial Assistance Request Form

- Due date: Wednesday, April 15, 2020
- Return completed form with the Registration Form.
- Partial and full awards are available based on financial need.
- You will be notified of any financial aid applied to your student's balance the week of Friday, May 1.

Please Note: Once you are notified of a financial aid award, the balance (if any) must be paid by 5:00 p.m. Friday, May 29 or the student will be dropped from the program.

Name of Student			
Parent/Guardian Name	Parent/Gua	rdian Name	
Home Address	City	State	Zip
Home Phone	Email <i>F</i>	Address	
Information below must be completed in full to be considered.			
Total gross yearly household income \$	Total r	number of people in the home	e
List reasons you need financial assistance in order for your child to attend C_3 . Information is kept strictly confidential. (Continue on reverse side if additional space is needed.)			
I certify this information to be accurate:			
	Parent/Guardian Signature		
For Office Use Only			
Financial Aid: Denied Granted Stude	ent Awarded:	\$ Balance Due: \$	5
Student Paid: Date Check #	_ Credit Card	Amount: \$	
Date Check #	_ Credit Card	Amount: \$	