



GREEK ORTHODOX METROPOLIS OF PITTSBURGH SUMMER CAMP

Financial Need Scholarship Form

*Scholarships provided due to the generosity of a grant from the
Archbishop Iakovos Leadership 100 Endowment Fund*

Dear Applicant:

Thank you for your interest in Summer Camp. Due to the generosity of a grant from the Archbishop Iakovos Leadership 100 Endowment Fund, we are able to offer scholarship to campers who would not otherwise have the financial means to attend camp. Please note:

- Scholarships are granted based on financial need.
- All applicants must complete this written application in its entirety.
- All applicants are asked to contact their home parish (priest) for financial aid prior to making a request of the Metropolis.
- We ask each camper family to donate a portion of the Registration Fee. (There is no minimum.)
- Once we have received your completed Application, our Camp Director will call/e-mail you to discuss registration options.
- Scholarship Applications should be submitted by March 31st, 2017.

This application may be mailed, faxed, or e-mailed. Mail: Summer Camp Scholarship, 5201 Ellsworth Avenue, Pittsburgh, PA 15232; Fax: 412-621-1522 (Please call 412-621-8543 to confirm receipt of fax.) E-mail: camp@pittsburgh.goarch.org

1. Camper Name/Age/Grade in School: _____
Additional Camper/Age/Grade: _____
Additional Camper/Age/Grade: _____
Additional Camper/Age/Grade: _____
2. Address/City/State/Zip: _____
3. Day/Evening Phone and E-Mail Address: _____
4. Have you attended the Metropolis of Pittsburgh Summer Camp before? Yes or No _____
5. Our family attends (Parish Name, City/State AND Parish Priest): _____
6. All applicants are asked to contact their home parish for financial aid prior to making a request of the Metropolis. We ask that you speak to the parish priest, if possible. With whom did you speak to at your parish (Name/Position)?

7. What amount of financial aid will be offered? _____
8. What amount of the Registration Fee will you be able to offer per camper? _____
We ask each camper family to donate a portion of the Registration Fee. (There is no minimum.)
9. Please explain your need for financial assistance, include the total 2016 income amount for your household.

To the best of my knowledge, all statements made on this form are true.

Signature of Applicant

Date

Rec _____ Code _____ By _____