



2019 Summer Arts Camp - Financial Aid Request Form

Applicant's name: _____

Applicant's address: _____

Child's name: _____ Child's age: _____

Child's address if different than applicants: _____

How much camp tuition can you afford to pay for your child? \$_____

Amount of financial aid requested? \$_____

Reason(s) for requesting for financial aid consideration.

Has your child attended VCAF's Summer Arts Camp previously? _____

When? _____

Did your child receive financial aid? _____

What was the amount? _____

Signature: _____

Date: _____