



Catholic Youth Summer Camp, Inc.  
P.O. Box 1957  
Dublin, OH 43017  
www.cysc.com

### CYSC CAMPERSHIP AID FORM

*NOTE: All information provided in this form will be held in strict confidence.*

PART A to be completed by Parent/Guardian

PART B to be completed by Parish Pastor/Administrator

**PART A** – to be completed by Parent/Guardian

Name of Camper: \_\_\_\_\_

School: \_\_\_\_\_

Name of Parent/Guardian completing this form: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name of parish where you are registered: \_\_\_\_\_

**Registration fee for CYSC 2010: \$460/wk**

Please check one:

\_\_\_\_\_ I am unable to pay \$ \_\_\_\_\_ now towards my child's registration and am seeking \$ \_\_\_\_\_ to cover the remaining balance.

\_\_\_\_\_ I am unable to pay anything toward my child's registration and am seeking the entire registration cost of \$460.

Please give a brief explanation of why you are seeking financial aid. Use the back of this page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian completing this form: \_\_\_\_\_

**PART II** - To Be Completed by Parish Pastor/Administrator

Dear Parish Pastor/Administrator:

*The family indicated in part A of this form is seeking financial assistance to register their child for Catholic Youth Summer Camp. Each year, many well-deserving Catholic families approach us requesting financial assistance. Since CYSC is not a profitable venture, we must rely on the generosity of individual donors, pastors, and parishes to meet these requests. We ask that you please consider your ability to assist this family with the financial resources requested in Part A and to advise us of your intentions by completing Part B of this form and returning it to us at your earliest convenience. THANK YOU!*

This family is registered and actively involved in parish life:      yes      no

Reasons you believe this family should or should not be considered for financial assistance:

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My parish will provide financial assistance in the amount of \$ \_\_\_\_\_ to assist this family.

These funds will be paid as follows: \_\_\_\_\_

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Signature of Parish Pastor/Administrator: \_\_\_\_\_

Please complete and return to:  
CYSC, inc.  
Attn: Bob Moraine / Camperships  
P.O. Box 1957  
Dublin OH 43017