

CYO/Camp Howard Scholarship Assistance

Please complete both pages and return to:

CYO/Camp Howard
Attn: Scholarships
825 N.E. 20th Ave Suite #120
Portland, Oregon 97232-2295

***Please Check Only One:

Camp Howard - Summer Camp
Camp Choice (ex. Paintball) _____

Participating with what school: _____

Swim Football
 Volleyball Lacrosse
 Track and Field Basketball

Youth's last name: _____ First name: _____ MI _____

Male Female Birthdate: _____ Age: _____

Address: _____ City _____ State _____ Zip _____

County: _____ School: _____

Grade: _____ Catholic Parish: _____

Names of Parents <input type="checkbox"/> or guardians <input type="checkbox"/>	Day Phone	Evening Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian email address: _____

Number of dependent children in family: _____ Ages: _____

Has this child ever played CYO Sports or attended Camp Howard? YES NO

Number of years playing CYO Sports _____ Number of years attending Camp _____

Amount family can pay toward fee \$ _____

*****Please attach the following: 1.) Page 1 and 2 of Federal Personal Income Tax Return (the above is required to process this Scholarship request.)*****

Annual Family Income before Taxes:

Under \$11,610 Under \$15,540 Under \$19,470
Under \$23,400 Under \$27,330 Under \$31,260
Under \$35,190 \$39,120 or over

For Office Use Only: _____

Scholarship Assistance: \$ _____ C.O.F: \$ _____ Verified SK Date _____

