

CYO/Camp Howard Scholarship Assistance
Please complete both pages and return to: **(Fill out one per person)**
Please allow 7- 10 business days to process your request.

CYO/Camp Howard
Attn: Scholarships
825 N.E. 20th Ave. Suite #120
Portland, Oregon 97232-2295
Fax# 503- 231-9531
Email: tammys@cyocamphoward.org

*** Please Check Only One:
 Camp Howard – General Camp Only
Must know session #: _____

Sports: **Club participating with:** _____ **(Fill out one per person)**
 Lacrosse Basketball Baseball Football Flag Football (K-3rd)
 Fall Hot Shots Basketball (1st & 2nd) Swim Spring Contact Football
 Winter Hot Shots Basketball (1st & 2nd) Track & Field Volleyball Cheer

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"/>	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 \$23,400
Under \$27,330 Under \$31,260 Under \$35,190 \$ 39,120 or over

For Office Use Only: Verified SK Date _____

