

**KAIROS FINANCIAL AID APPLICATION
2010 - 2011**

(PRINT) Last Name of Student _____ First Name _____

Address _____

Telephone Number _____

Retreat Date selected

_____ NOVEMBER 16 - 19 (Tues-Fri)
_____ MARCH 15 - 18 (Tues-Fri)

Amount that you can afford to pay for this retreat _____

This application for financial aid will be presented to Dr. Juliano for approval.

Parent Signature

Date
