



Cross Trail Outfitters of Texas Financial Aid Request

Date: _____

Chapter: _____

Parent or Guardian Name(s): _____

Youth participant name(s): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Total Household Size: _____ Number of dependents: _____ (Under the age of 18)

Status: ___ Married ___ Divorced ___ Single ___ Widowed

Are you or your spouse active military? _____

Household Annual Gross Income: \$ _____
(Please include ALL income, child support, social security, etc.)

Please tell us why you would like to get your child(ren) involved with Cross Trail Outfitters.

Are there any specific circumstances that we should be aware of in considering your request?

If you are a regular attendee of a church, part of the state foster care program, or military, we ask that you inquire to see if there would be any program funds to help assist with youth camp costs.

It is our desire to be good stewards of the resources God has entrusted to us. We ask you to please sign this application stating you have a true financial hardship that would prevent your child (children) from attending or participating in CTO without financial assistance.

Signature of Parent or Guardian (required) _____

Please mail the request to: Cross Trail Outfitters of Texas, PO Box 1165, Helotes, TX 78023 or scan and email to kimpotts@teamcto.org. Questions? Contact Kim Potts at 210-380-7125