



Scholarship Request

Date: _____

Camper Name: _____ Birth date: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Church Name: _____ Church City: _____

Name of Camp: _____

Price of Camp: _____

How much are you requesting for this scholarship? (Max of 50% of Camp Price) \$ _____

Reason for Scholarship: _____

For Office Use Only

Request Granted? No Yes \$ _____

Guardian Contacted Date _____

Money Transferred? Date _____