

Summer Camp Scholarship Application Form

To be completed by camp participant or by the parent/guardian

Participant's Full Name: _____

Birthdate: _____ Current Grade _____

Parent/Guardian's Name(s): _____

Phone Number: _____

Email Address: _____

Camp Interested in Attending: _____

Week/Program Attending: _____

Total cost of Camp: _____

Amount Requesting- you can request up 100% of the cost of camp (Circle one)

\$100 \$150 \$200 \$250 \$300 Other \$ _____

Questions for Participant:

Why do you (or does your child) want to attend summer camp?

How do you feel attending summer camp will help you (or your child)?

For Church Purposes:

Approved/Not Approved Amount: _____ Signature: _____