

Camp Scholarship Application



CAMPER INFORMATION:

Child's Name: _____ Sex: _____

Address: _____

City/ State/ Zip _____

Phone: _____

Email: _____

Birthdate: _____ Age: _____ Has Camper Ever Attended Camp _____

Guardian's Name (s): _____

Emergency Phone: _____ Child Lives With: _____

Number in Family: _____ Gross Monthly Income: _____

Does your family receive any public assistance? _____

Mother's Occupation: _____

Father's Occupation: _____

Families Annual Income: \$ _____

List Reason(s) for requesting a camp scholarship:

How Much Can the Family Contribute: \$ _____ (This Can be made in payments)

Camp Requested: _____ Dates: _____

Parent/ Guardian Signature: _____ Date: _____

- * We ask that a contribution from each family be made.
- * All applications are subject to proof of income upon request
- * Upon approval of scholarship a list of volunteer/attendance requirements will be given to applicant and family