

Summer Camp Scholarship Application

1.	Personal Information				
	Parent or Guardian Name(s)				
	Mailing Address				
	City, State, Zip				
	Home Phone ()		Cell Phone	()
	Email Address				
	Total Family Size Nu (und	mber of Dependents der the age of 18)		(Gross	sehold Gross Income is income is amount earned before taxes and ctions. Please include alimony, child support, social rity, etc.)
	Are there any specific circumstances of which we should be aware in considering your request (please use other side)?				
2.	Church Information If you are a regular attendee of a church, we require that you ask about any funding to help with your camper fee. In order for your application to be processed, a church representative (pastor, youth pastor, board member, etc) must fill out and sig this section. If you do not attend church, please mark this section "not applicable."				
	Church/Organization				
	Address				
	Amount the church will be able to contribute \$				
	Representative Signature				
	Representative position				
3.	Scholarship Request				
	We can pay \$ Chu	rch will contribute \$		Sc	cholarship request amount \$
<mark>4.</mark>	Please provide a copy of the first page of your 2024 Form 1040 tax return. This is required in order to process your				
	request for financial aid.				
5.	Have you registered? \square Yes \square No If no, a registration form and deposit are required for every camper. Please include the registration form and deposit with this application. If, for any reason, you are denied a scholarship and need to cancel this registration, your deposit will be refunded to you.				
	Camper Name(s)				Camp Session
	1				
	2				
	4				
It is	s our desire to be good stewards of the r		sted to us. We	ask v	you to please sign the application stating you
					mer camp session without financial assistance
Sig	gnature of Parent or Guardian (required)			