



## 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 \_\_\_\_\_ Number of Dependents \_\_\_\_\_  
(under the age of 18) \_\_\_\_\_ Household Gross Income \_\_\_\_\_  
(Gross income is amount earned before taxes and  
deductions. Please include alimony, child support, social  
security, 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 sign 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 \_\_\_\_\_ Date \_\_\_\_\_

### 3. Scholarship Request

We can pay \$ \_\_\_\_\_ Church will contribute \$ \_\_\_\_\_ Scholarship request amount \$ \_\_\_\_\_

### 4. Please provide a copy of the first page of your 2025 Form 1040 tax return. This is required in order to process your request for financial aid.

5. Have you registered?  Yes  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. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

It is our desire to be good stewards of the resources God has entrusted to us. We ask you to please sign the application stating you have a true financial hardship that would prevent your camper(s) from attending a summer camp session without financial assistance.

Signature of Parent or Guardian (required) \_\_\_\_\_

**Please complete and return to**

Grace Adventures 2100 N Ridge Rd Silver Lake, MI 49436 Fax 231.873.0283 Email [registration@graceadventures.org](mailto:registration@graceadventures.org)