



## 2024 Summer Camp Scholarship Application

Deadline: April 1

Application must be completed by parent of guardian if applicant is under 18.

Date:

Name of Camper:

Birth Date:

What Camp is Camper  
planning to attend:

Date/Session:

Total Camp Fee Due:

Amount of  
Scholarship  
Requested:

Is Camper planning to  
attend more than one  
camp this summer?

Yes  
No

If Yes,  
Where?

What dates:

Have you applied for, and/or will you receive, additional funds from other sources such as

church, civic group or  
other?

Yes  
No

If Yes, where?

Total  
Amount  
Anticipated:

Child(ren) from the  
same household  
attending Camp  
Fellowship and their  
ages:

Explain in detail why  
you require Scholarship  
assistance:

Camper Name:

List members of the household:

Father's Name:

Mother's Name:

Siblings:

Relationship:

Name:

Relationship:

Name:

Relationship:

Name:

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Mailing Address:

CITY:

STATE:

ZIP CODE:

Email:

Home Phone:

Cell Number(s):

Church Affiliation:

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The Scholarship Committee will reach out to your Pastor, Youth Director, Director of Christian Education, or Ministry Leader.

Please list contact  
information for  
recommendation:

Electronic Signature:

Date

**Return to Foothills Presbytery**  
**by Monday, April 1, 2024**  
**via email, fax or mail to:**

[LWhite@FoothillsPresbytery.org](mailto:LWhite@FoothillsPresbytery.org)

Committee on Shared Ministry  
Attn: LeAnne White  
Foothills Presbytery  
P. O. Box 1118  
Simpsonville, SC 29681  
864-288-5778

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**FOR OFFICE USE ONLY:**

Type of Program  
Assistance Requested:

Total Cost:

Amount to be Paid by  
Participant:

The term of this  
financial assistance

Date Received:

Financial Assistance  
Staff Review:

Date  
Received:

Program Director  
Review:

Date  
Letter  
Mailed: