



SUMMER 2019

### Camp Scholarship Application



Due on or before **April 1, 2019**

Application to be completed by parent or 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 receive, additional funds from other sources such as church, civic group or other?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, where \_\_\_\_\_ Total amount anticipated \$ \_\_\_\_\_

**How many children from the same household are planning to attend camp this summer?**

\_\_\_\_\_

**Explain in detail why you are requesting scholarship assistance:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Camper \_\_\_\_\_

**List members of the household:**

Father's name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Siblings \_\_\_\_\_

Other:

Relationship \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Cell Number(s)** \_\_\_\_\_

**Church Affiliation(s)** \_\_\_\_\_

Name of Pastor, Youth Director, Director of Christian Education or Ministry Leader(s)  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant/Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return to Foothills Presbytery**

**by April 1, 2019.**

**via email, fax or mail to:**

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

Committee on Shared Ministry

Attn: LeAnne White

Foothills Presbytery

2242 Woodruff Road

Simpsonville, SC 29681

Fax: 864-288-5778

**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 \_\_\_\_\_