

Christian Camp Scholarship Application

Camper's Name: _____

Age: _____ Grade Entering in the Fall: _____

Address: _____

Parent(s) / Guardian(s) Name(s): _____

Home / Cell Phone Number: _____

Parent / Guardian Email Address: _____

Camp You Wish to Attend: _____

Dates of Camp: _____

Cost of Camp You Wish to Attend: \$_____

Church Currently Attending, If Applicable: _____

I am requesting a camp scholarship for my child who is attending a Christian camp during the summer of 2014. I understand that approval or denial of scholarships, as well as final amount awarded is decided by the Church Council or Christian Education Team and that their decision is final. I also understand that neither Faith Lutheran Church, nor its staff, nor its members are responsible for any injury or loss incurred while attending the above named camp.

Parent Signature: _____ Date: _____

Printed Name: _____

> Return to any member of the Christian Education team or the Christian Education team mailbox by May 1, 2014, to be eligible to receive a camp scholarship. No scholarship will be awarded to late applicants or to those submitting incomplete applications.

> Each child is eligible for one scholarship per calendar year and scholarships are available to those in our local communities only.

> One voucher will be issued for each camper and must be taken to the camp and submitted at the time of check-in in order to receive the scholarship benefit.

> Families are responsible for all pre-registration or deposit fees and these are non-refundable.