

Scholarship form

Name of Applicant: _____

Address: _____

City: _____

Phone Number: _____

Age (If under 18): _____

Camp/Event Attending: _____

Total Cost of Camp/Event: _____

Total Amount You Can Pay: _____

Scholarship Amount Needed (Up to 1/2 of the cost): _____

Why do you need this scholarship? (Please answer in one paragraph or less)

Parents'/Guardian's Signature: _____

Date: _____

Approved By: _____

Date: _____

Amount: _____