CAMP SCHOLARSHIP APPLICATION

Student Name:_____ Grade:_____ DOB: _____

Parent/Guardian Name: _____

Address:_____ State:_____ Zip:_____

Email: _____

Contact Number:_____

Which camp group will your child attend? (check one)

☐ CF Kids Camp ☐ CF Middle NTS Camp(6th-8th Gr.) ☐ CF High NTS Camp(9th-12th Gr.)

How much of the total camp cost are you able to pay? _____

In their own words, how would your child benefit from attending camp?

_____

_____

_____

_____

What are they most looking forward to?

_____

_____

Parent/Guardian Signature:_____ Date: _____

OFFICE USE ONLY

Approved: ☐ Yes ☐ No Notes:_____

Ministry Leader Signature:_____ Date:_____