

Scholarship Request For Preteen Camp 2019

****Must be completed before May 1st****

Please return this form and complete registration online.

Participant Information

Name _____

Address _____ City _____

State _____ Zip _____ Home Phone (_____) _____

Work Phone (_____) _____ Email _____

Requested by _____ Date _____

Relationship to participant _____

Program Name _____ Program Date _____

Have you applied for a campership at Cross City before? Yes _____ No _____

Total Camp Fee: \$ _____

Amount of campership requested \$ _____ (A non-refundable deposit of \$50.00 is required by all campers. Maximum scholarship allowed is \$147.50 per family. Balance will be due by May 31st.)

Please use the space below to provide us with information that will help us in evaluating your request in relation to other applications we receive (# of dependents, family income, special circumstances, etc.)

To be completed by Minister

___ The church's contribution will be \$ _____.

___ The church is not able to contribute to the camp fee.

Is there any additional information you feel would be helpful in reviewing this application?

Minister's Signature _____ Date _____ Phone _____