

# Camp Scholarship Application

# IGRC United Methodist Camps

## INSTRUCTIONS FOR APPLICATION

1. Fill out the application in full, including pastor's signature at bottom of page.
2. Determine how much you personally are able to pay and write it in Line 2.
3. Contact your pastor or church camp coordinator to inquire about scholarships offered by the church and enter that amount in Line 3.
4. Tell us about other sources of scholarship aid in Line 4.
5. Request a scholarship amount in Line 5.
6. Total lines 2-5 in Line 6. Line 6 should be the same amount as Line 1.
7. **Turn in your scholarship request no later than May 31.**
8. Scholarships are awarded for no more than one camp per year per applicant.
9. Mail application to Camping and Retreat Ministries, P.O. Box 19207, Springfield, IL 62794-9207.

Applicant Information (only one camper per application)					
Full Name of Camper:	Last	First	M.I	Date:	
Address:	Street Address			Apartment/Unit #	
City				State	ZIP Code
Home Phone:	Cell Phone:	E-mail Address:			
Parent/Guardian Name				Home Phone:	Cell Phone:
Church Name	Church Address				
Pastor's Name					Church Phone Number

Financial Information	
Number of dependents in household:	Annual household income from all sources:
Does child qualify for: <input type="checkbox"/> Free school lunch <input type="checkbox"/> Reduced school lunch <input type="checkbox"/> Neither	
Explain any unusual financial circumstances or obligations other than normal living expenses:	
Scholarship Request. This section must be completed entirely. The form will be returned if not completed.	
Camp Name:	Camp ID Number:
1. Assisted Price (Tier 1) of Camp:	\$
2. Amount to be paid by camper/family	\$
3. Amount to be paid by local church/organization	\$
4. Amount expected from other sources	\$
5. Requesting from camp scholarship fund	\$
<b>6. TOTAL of Lines 2-5 (total should equal Line 1)</b>	<b>\$</b>
Pastor's Signature:	Date:

To be completed by camping office:      Amount approved: \_\_\_\_\_

Approved by: \_\_\_\_\_