



CAMPER SCHOLARSHIP ASSISTANCE PROGRAM REQUEST FORM - 2008

Date _____

Camper Name _____

Camper Address _____

Request applies to the following camp session (please circle one)

- Adventure / Junior I / Junior II / Tween Camp / Teen Camp*
- Lego Robotics I / Lego Robotics II / Horsemanship I / Horsemanship II / Horsemanship III*
- Aquatics Adventure Summit / Back Pack Summit / Caving Summit / Horse Pack Summit*
- Rock Climbing Summit / SCUBA Summit / Whitewater Rafting Summit*

Parent/Guardian Name _____

Parent/Guardian Address (if different) _____

Parent/Guardian DAY TIME Contact Number _____

Reason for making Request (you may use the back of this form if needed OR attach additional pages):

NOTE: Please remember to attach a letter of recommendation from your church pastor or your child's teacher when you mail in your request.