

APPLICATION FOR SCHOLARSHIP ASSISTANCE FOR CHRIST CHURCH SUMMER CAMP

*SCHOLARSHIP DEAD LINE IS **MAY 1, 2026** WITH DOCUMENTATION INCLUDED. WITHOUT ALL INFORMATION THE APPLICATION WILL NOT BE CONSIDERED FOR ASSISTANCE.

*ATTACH A COPY OF YOUR MOST RECENT INCOME STATEMENT.

THIS APPLICATION IS FOR 6 WEEKS OF CAMP.

NAME OF CHILD(REN) _____ AGE _____

NAME OF PARENT/GUARDIAN _____

COMPLETE MAILING ADDRESS _____ PHONE _____

EMPLOYMENT INFORMATION: _____

NAME AND ADDRESS OF EMPLOYER _____

How long? _____ years Full Time _____ Part Time _____ Salary(yearly) _____ (monthly) _____

Please answer the Following questions:

Residing in your home ? Number of Adults _____ Children (under 18) _____

Do you currently provide total support for all residents in your home? Y _____ N _____

*if not explain how many people you support _____

Do you receive assistance from the Dept of Social Service / Family Service Y _____ N _____

We do not give scholarships if Social Services or Family Services is making your payment.

Please list services _____

Name and phone number of Social Worker: _____

What school does your child attend? _____

Has your child attended Christ Church Summer camp ? Y _____ N _____ Did your child receive assistance last year? Y _____ N _____

*I understand this SCHOLARSHIP is for 6 weeks of camp.

The information I have provided is correct.

***\$100.00 is due** when you receive a scholarship to hold your child's place in camp. The balance is due on **July 1, 2026.**

WE DO NOT EXCEPT CHILDREN WITH AUTISM / ON THE SPECTRUM OR ARE DISABLED - AS WE ARE NOT QUALIFIED TO MONITOR THEIR SAFETY.

*SIGNATURE of PARENT/GUARDIAN _____ DATE _____