

## **DOGWOOD ACRES SCHOLARSHIP REQUEST FORM**

Scholarships are based on financial need and when possible verified by a Pastor/Clerk of Session/Christian Educator/Social Worker or similar individual and reviewed and approved by the Director of Dogwood Acres. Information is kept strictly confidential between the applicant and the Director.

Scholarship requests may be for any amount above \$50. Dogwood Acres has limited funds for scholarships, and we hope you will consider paying at least 50% of the Tier 1 fee. Please involve your church and family in asking to share in the cost that will allow us to spread our scholarships to more families.

A separate application must be submitted for each child.

Please email the completed form to the Director, Ben Powell, who's email address is [ben@dogwoodacres.org](mailto:ben@dogwoodacres.org). Ben will contact you soon after he receives your request.

Scholarship funds are available for only one camp, per summer, per camper.

If you have questions, please feel free to contact Ben at [ben@dogwoodacres.org](mailto:ben@dogwoodacres.org) or by text or cell phone at 850-528-3575.

# DOGWOOD ACRES CAMP SCHOLARSHIP APPLICATION

Name of Camper: \_\_\_\_\_

Name of camper's guardian: \_\_\_\_\_

Relationship of person making this application to the camper: \_\_\_\_\_

Mailing address of person making this application: \_\_\_\_\_

\_\_\_\_\_

Preferred telephone number of person making this application: \_\_\_\_\_

Does the person making this application text? \_\_\_ Yes; \_\_\_ No; If yes, list cell phone# \_\_\_\_\_

Email address of person making this application: \_\_\_\_\_

Sponsoring Church or other sponsoring entity (if any): \_\_\_\_\_

First Choice camp name: \_\_\_\_\_ Dates: \_\_\_\_\_

Tier 1 full cost: \$\_\_\_\_\_

Second Choice camp name: \_\_\_\_\_ Dates: \_\_\_\_\_

Tier 1 full cost: \$\_\_\_\_\_

Amount to be paid by Family: \$\_\_\_\_\_

Amount to be paid by Church/Organization: \$\_\_\_\_\_

Amount of Scholarship being requested: \$\_\_\_\_\_

Signature of person making this application: \_\_\_\_\_

Signature of Pastor/Clerk of Session/Social Worker (if any): \_\_\_\_\_

Briefly explain your need of a scholarship: \_\_\_\_\_

\_\_\_\_\_

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