



## SUMMER CAMP 2021 SCHOLARSHIP REQUEST

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

Parent/Guardian: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you text? Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail: \_\_\_\_\_

Sponsoring Church, if any: \_\_\_\_\_

Starting Date of Camp, 2021: \_\_\_ June 27 \_\_\_ July 11 \_\_\_ July 18 \_\_\_ July 25

Identify what "Bubble" you child will be a part of: \_\_\_\_\_

Tier 2 Cost: \$425.00

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

Amount to be paid by church or other organization: \$ \_\_\_\_\_

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

Explanation of why the scholarship is needed; this will be held in confidence between the guardian and the Ben Powell,

Dogwood Acres Director: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Pastor/Clerk of Session/Social Worker/etc.: \_\_\_\_\_