



CAMP HEBRON

Where people connect with God, nature and each other

SCHOLARSHIP ADVOCATE FORM

- Complete this form and return **as soon as possible** for processing (*delays could result in no scholarship funds being available*)
- Mail form to the address above, ATTN: Office Manager

As long as funds are available, scholarships are typically offered at **ONE THIRD OF THE COST** of a camp program and will be granted to the persons who demonstrate the greatest financial need. (*Applicants that are granted scholarships are typically limited to one scholarship per calendar year.*)

Camper Applicant Name _____ Camp Program _____

Advocate Name _____ Daytime phone(_____) _____

Relationship to applicant _____ How long have you known applicant? _____

The above named person has requested financial assistance for a Camp Hebron program. Please use the space below to indicate your support of this request, **focusing on the rationale and your verification basis for their financial need.**

Signature _____ Date _____