



CAMP HEBRON

Where people connect with God, nature and each other

SCHOLARSHIP APPLICATION FOR FAMILY CAMP PROGRAMS

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 must be registered for the desired program prior to scholarship approval
- Scholarship applications alone do not ensure registration in any program
- If applicant is not already registered, program registration may accompany Scholarship application
- Mail form or forms to the address above, ATTN: Office Manager

Contact Person _____ Daytime phone (_____)_____

Address _____

Name & dates of desired Family Camp _____

PLEASE LIST FAMILY MEMBERS AND AGES (18 & older are to be listed as "A") THAT WILL BE ATTENDING

Name_____ age____ Name_____ age____ Name_____ age____

Name_____ age____ Name_____ age____ Name_____ age____

Please explain why Financial assistance is needed _____

Signature _____ Printed Name _____ Date _____

You need 2 persons (your pastor, a friend, etc.) who can verify your financial need:

- List these 2 names, addresses and phone #'s below
- Fill in the top section of the enclosed 2 advocate forms
- Give the 2 forms to your advocates immediately and stress the importance of completing and mailing the form as soon as possible *(delays could result in no scholarship funds being available)*

Name_____ Name_____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (_____)_____ Phone (_____)_____

OFFICE USE ONLY

PROGRAM DIRECTOR'S APPROVAL _____ GRANTED _____ \$ _____ GIVEN TO PROGRAMMING _____ ENTERED ON WORKSHEET _____