CAMPER SCHOLARSHIP APPLICATION

Amount of scholarship requested

Part 1: Parent/Guardian Information Name_____ Phone # _____ Employer______ Job title_____ Part 2: Camper Information Name Date of Birth Current grade in school Camp desiring to attend (Name & camp; date) ______ **Part 3:** Sponsoring Church/Organization Information Name of Church/Organization _____ Address City, State, Zip Telephone ______ Email _____ Camper scholarships are available to all people, regardless of age, church affiliation, race or gender. Scholarship requests need to be endorsed by a church or other organization. Scholarships are granted based on need. Upon receipt of the request, the Camp Greenwood Agency or its designee will review the request and respond in a timely manner to both the camper and the sponsoring church/organization. Ordinarily, the scholarship fund will cover up to 1/3 of a camp session's fee. In cases of extreme need, the scholarship fund may cover up to the full amount minus \$50.00. Campers are encouraged to seek other financial support from their church or sponsoring organization. Ordinarily a camper may receive only one scholarship per calendar year. Part 4: Financial Arrangements How much can the camper's family pay? How much will the Church/Organization invest?

f there are extenuating circumstances affect	ing your living expenses the	at increase your need for
inancial assistance, please explain.		
Part 5: Sponsoring Church/Organization's End	dorsement:	
endo	orses this scholarship reque	est for
(Name of Church/organization)		(Camper Name)
Authorized Signature	Title	Date
Part 6: Parent/Guardian Signature		
verify that the above information is correct	and accurate.	
Signature		Date
Step 7: Send in the form		
Please mail in this scholarship application. Re	• .	•
egistration form from a camp brochure. If y	•	·
blease contact the camp office and one will b	•	<u> </u>
eceive your scholarship application, and you	choose not to send your c	hild to camp, all money paid will
pe reimbursed. Mail this form to:		
Camp Greenwood, 13564 MacClain St, Gowe	n MI 49326 — office@cam	pgreenwood.org 616.754.7258
For office use:		
Date ReceivedDate Approved	d Amount	Approved \$
Authorized Signature		