

Lisha's Kill Reformed Church

Request for Christian Camp Scholarship

All parents or guardians of children who will be attending Christian Camp this summer, and are interested in applying for financial assistance to attend, are asked to complete this form and return it to the church office no later than May 28, 2017.

All requests will be considered. Parents/guardians are responsible for providing the camp registration fee. If you have any questions, please contact the church office.

Name: _____

Address: _____

Phone: _____ Age _____ Grade _____

Camp your child would like to attend:

Week planning on attending: _____

Parent's Signature: _____

<u>Cost of Camp</u>	<u>Registration Fee</u>	<u>Total</u>	<u>Amount Paid By Family</u>	<u>Scholarship Amt. Requested</u>

Office Use Only:

Amount of Scholarship Awarded: _____

Check Made Payable To: _____

Name of Scholarship Fund: _____

Date: _____ Check No.: _____