

Christian Church in Indiana Summer Camp Scholarship Fund  
**2021 Summer Camp Scholarship Application**

*Please complete one form per camper (in addition to required registration & health forms for each camper).*

**Application deadline is May 15, 2021.**

**PARENT/GUARDIAN:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**CAMPER:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Camper Grade: \_\_\_\_\_ Camper Age \_\_\_\_\_

Camp Description: \_\_\_\_\_ \_\_\_ Bedford \_\_\_ Geneva

Camp dates/locations are at: <http://indianadisciples.org/commissions/commission-on-faith-formation/#camp>

**CHURCH:** \_\_\_\_\_ **PASTOR'S NAME:** \_\_\_\_\_

Church City/State: \_\_\_\_\_

**Please indicate the amount of scholarship you are requesting: \$ \_\_\_\_\_**

**Please check all that apply:**

- Our family will provide \$ \_\_\_\_\_ towards the cost of camp
- Our church will provide \$ \_\_\_\_\_ in scholarship support
- Our church will provide **half** the cost of camp in scholarship support
- Our church cannot provide any scholarship support

**REQUIRED SIGNATURES**

We agree to abide by the rules of the event and to cooperate with other participants and staff in helping the event fulfill its goals. We understand every participant is to attend the entire event.

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

I recommend this applicant for participation in the Christian Church in Indiana Summer Camp Program. I have reviewed this application and found it to be accurate and in order to the best of my knowledge. I have determined that the participant understands the procedures, purpose and policies of the program.

**Pastor Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit all scholarship requests by **May 15, 2021**. Applications may be mailed to: *Christian Church in Indiana, c/o Sandy Kincaid, 1100 W. 42<sup>nd</sup> St. Suite #150. Indianapolis, Indiana 46128* or emailed to: *sandy@indianadisciples.org*.