

CAMP SCHOLARSHIP REQUEST

NAME OF CAMPER: _____

CAMP ATTENDING: _____

CAMP DATES: _____

COST OF CAMP: _____

SCHOLARSHIP AMOUNT REQUESTED: _____

HAVE YOU REQUESTED/RECEIVED SCHOLARSHIPS IN THE PAST: YES/NO

SUBMITTED BY: _____ DATE: _____

PLEASE NOTE: CAMP SCHOLARSHIP CHECKS ARE MADE OUT DIRECTLY TO THE CAMP, NOT AN INDIVIDUAL. Thank you.

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