



KIDS CAMP SCHOLARSHIP APPLICATION

This scholarship program is designed to enhance your own resources.

Applications need to be turned into the Cornerstone Church office by Sunday April 16th, 2017

We will notify you by phone or e-mail of your scholarship status within 1 week of receiving this application.

Camper Name: _____

Please circle: Male / Female (circle one) Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail: _____

Parent(s)/Guardian(s): _____

1. Amount of Camper/Parent Guardian/Family contribution: (required) \$ _____

2. Signature of Parent/Guardian: (required) _____

3. Please describe your reason for requesting this scholarship: (required)

FOR OFFICE USE ONLY

Approved: YES NO (circle one) Amount Paid \$ _____ Sch. Amount \$ _____ Contacted: YES NO (circle one)

