

**2012 APPLICATION FOR SCHOLARSHIP AID
Slumber Falls Camp**

Camper Name _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____

Parent Signature _____ Date _____

Camp Name _____ Camp Dates _____

Camp Registration Fee (based on application date) _____

Amount provided by family \$ _____ Credit card Check # _____

Amount provided by the local church \$ _____ Credit card Check # _____

Amount requested for scholarship \$ _____

TOTAL \$ _____

Reason for request:

Request supported by local pastor:

Local Church _____

Pastor's Name (please print) _____

(Pastor's Signature) _____ Date _____

Office Use Only

Event _____

Authorization by _____ Date _____