

**CFBC CAMP SCHOLARSHIP**

**APPLICATION FORM**

Name of Camper:

If request is being made on someone’s behalf, please provide the name of person recommending and relationship to camper.

Camper’s Parent/Guardian:

Contact Phone:

Email:

Camp Attending:

Date of Camp:

Total cost of camp:

How much are you able to contribute towards the camp fee?

Is this your first time attending a Christian Camp?      Y      N

Please tell us why you would like to attend camp OR if this request is being made on behalf of a camper, please explain why you are recommending them.

For Office use Only:

Church Support Amount \_\_\_\_\_\_\_\_\_\_\_\_ Camper Informed □ Date called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque requisition done □

Cheque sent □ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_