

Financial Aid Request Form

Ascend Summer Camp 2018 (June 27 – July 1)

Deadline: Wednesday, March 14th

This application must be completed and submitted on or before March 14th. You will be contacted with information about your request in the weeks following the scholarship application deadline.

(Please print clearly. An email will be sent to you confirming the scholarship amount you will receive.)

Name: _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Small Group Leader: _____ Grade: _____

Amount Requested: \$ _____ **Please note: Because of limited funds, half scholarships are the maximum available.*

Describe your involvement in the Ascend Youth Ministry, how have you served our church in the past year? (e.g. children's ministry, trivia night, mission trip, work days, etc.):

Explain your reason for requesting a scholarship:

(Please Turn Over)

What have you personally been doing to save money for retreat?:

Why do you think giving you a scholarship is good stewardship of the church's resources?

You must have your parent / guardian sign this form

By signing this form I am stating that our family has a genuine need for a camp scholarship.

X _____ Parent/Guardian
(please print)

X _____ Parent/Guardian
(signature)

Office Use Only

Amount Awarded \$ _____

Balance Due: \$ _____

Contacted: _____

