



# CAMP SCHOLARSHIP APPLICATION FORM

Thank you for your interest in sending your child/youth to Prescott Pines Camp. It is our goal to make it possible for every child to come to camp. We have a large number of requests so we **MUST** receive all applications at least 2 weeks prior to camp. Please check with your church for any additional help as well – many of them have scholarship money available. Thank you.

(Please Print)

PARENT'S NAME (S): \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

CHILDREN'S NAME: (First & Last)	M / F	GRADE	AGE	CAMP NAME / NO. (see below)

**CAMP CHOICES:** FRONTIER VILLAGE WEEK: PRIMARY/1/2/3/4/5/ OR YOUTH CAMP 1/2

If receiving funds from a church please complete this section.

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

## PLEASE EXPLAIN SPECIFIC REASONS FOR SCHOLARSHIP REQUEST:

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### FOR PRESCOTT PINES OFFICE USE ONLY

# Attending \_\_\_\_\_ Camp Cost: \$ \_\_\_\_\_ Scholarship Amount: \$ \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Send to: Registrar, Prescott Pines Camp, 855 E. Schoolhouse Gulch Rd., Prescott, AZ. 86303  
Fax: (928)442-3199 or Email: registrar@prescottpines.org**