



Camp Scholarship Application

CAMPER INFORMATION

Camper Name _____ Grade _____

Parent/Guardian Name(s) _____

Mailing Address _____

City, State, Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email address _____

Total Family Size _____ Number of Dependents _____ Household Gross Income \$ _____
(under the age of 18) *(Gross income is amount earned before taxes and deductions. Please include alimony, child support, social security, etc.)*

CHURCH INFORMATION

Church you attend _____ If none, check here

Representative Name _____

Representative Contact Info: Phone _____ Email _____

SCHOLARSHIP REQUEST

We can pay \$ _____ Church will contribute *\$ _____ Scholarship request amount \$ _____
**Scholarship documentation from church is required*

Camp my child would like to attend: Rookie Junior Preteen Wilderness Teen Camp

It is our desire to be good stewards of the resources God has entrusted to us. All scholarships awarded will be based on true financial hardship. Please sign below stating that all information is true and accurate and that your child would not be able to attend camp without financial assistance.

Signature of Parent/Guardian

Date

Please complete and return to:

Prairie Camp
3301 Benham Ave.
Elkhart, IN 46517

Fax: 574.293.1478

Email: michelle@mcncd.org