

# Dan Parker Scholarship Fund

## Application for CCCU ECY Camp Scholarship

### PERSONAL INFORMATION:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

### Parent Information:

Dad:

Mom:

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number

Phone Number

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Church: \_\_\_\_\_

Name of camp or retreat attending:

\_\_\_\_\_

Brief description of need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that information contained in this application is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_