

Legacy Youth Summer Camp

Scholarship Request Form

Camp Cost: \$339

We believe camp can be a life-changing experience, and we never want finances to be the reason a student misses out. At the same time, we are committed to being good stewards of our scholarship fund in order to support students and families with genuine financial need. Please be thoughtful and prayerful about what you can contribute toward the cost of camp. Our scholarship resources are limited.

Student & Parent Information

Student Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Scholarship Request Options

Please select one option below:

- I can make monthly payments toward the full amount of \$339.
- I can pay \$200 and request a scholarship for the remaining \$139.
- I am unable to contribute at this time due to financial hardship I would otherwise not be able to attend. I request a full scholarship.

If requesting a partial or full scholarship, please briefly share why (optional):

Email this form filled out to: nick_mastrude@legacychurchid.com