



Voyage Mobile Day Camp Scholarship Application

The following information is strictly confidential and is to be completed by the camper's parent or guardian.

INFORMATION

Parent/guardian name(s): _____

Address: _____

City/State: _____ Zip: _____

Telephone: _____ Email Address: _____

Occupation: _____ Spouse's occupation: _____

Camper(s) name(s) and age(s):

Based on your expected financial resources between now and the start of camp, what amount of financial aid do you feel is necessary for your camper to be able to attend day camp this summer? \$ _____

Briefly state why your camper is in need of financial assistance: _____

For Church Staff Only:

Amount awarded: _____

By (signature): _____

Date _____