High School Financial Aid Request Form

WINTER CAMP 2020 (January 18-20)

Deadline: December 8

This application must be completed and submitted on or before December 16. You will be contacted with information about your request in the weeks following the scholarship application deadline.

Please note: Your scholarship request does not hold your space for the camp. You must please submit your deposit and medical release form online to do so.

The deposit will be refunded if you must cancel your registration for financial purposes only.

Name:	
Phone:	
Email Address:	
(Please print clearly. An email will be sent to you confirming the scholarship amount you will receive.)	
Address:	
City: State:	
Zip:	
Small Group Leader: School:	
Grade:	
Amount Requested: \$*Please note: Because of limited funds, half scholarships are the maximum available.	n
Describe your involvement in 180 and/or how you are serving in our church? (eg. Nursery, Advent	ure Club)
Explain your reason for requesting a scholarship:	

What have you personally been doing to save money	for camp?
Why do you think giving you a scholarship is good ste	ewardship of the church's resources?
"I have talked with this student and he / she do and judging by their involvement	
x	
Parent / Guardian (please print)	
X	
Parent / Guardian (signature)	
X	
^	
Small Group Leader (signature)	
Small Group Leader (signature) X	