

Kids Camp Scholarship Application

Oh Snap! Kids Camp: July 22-26th

Parent/Legal Guardian _____

Phone _____ Cell _____

Email _____

Street Address _____

City _____ Zip _____

Camper's Name(s) _____

Date of Birth (MM/DD/YYYY) _____

Camper's current age _____ (Camp is for ages 7-12)

Has your child(ren) attended camp before?

Are you a member at Church for the Harvest? Yes ___ No ___

The registration price of camp is \$155 per camper (\$130 for each additional family member).

Circle the amount of scholarship requested: \$25 \$50 \$75 \$ _____ Other

Please write a summary of why you think a scholarship should be awarded:

Please briefly explain why you want your child to attend church camp. (If applicable, have the child write why he/she wants to attend camp):

This scholarship application can be: • Mailed to Church for the Harvest 1910 Aga Drive Suite #280, Alexandria, MN 56308 • Emailed to katy@harvestalexandria.com • Turned in at the Information Desk at church.

Applications will be evaluated as soon as possible. Submission of application does not ensure that any or all of the amount requested will be granted. This form must be filled out completely and received by June 24th to be considered.