

CAMP CARL 2017 CAMP SCHOLARSHIP APPLICATION



CONTACT INFORMATION

Family Name _____ Home Phone _____
 Address _____ Primary Cell _____
 _____ Secondary Cell _____
 Primary Email _____
 Secondary Email _____

Single Married Separated
 Divorced Widowed

ATTENDEE INFORMATION

FAMILY LIFE [list all members living in your household] total number in family living at home _____

Full Name	Relationship	Camp	Grade Complete	Age	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHURCH LIFE

Name of church _____
 How often does your family attended? Weekly Monthly Other _____

CAMP CARL LIFE

What impact do you hope this camp will have on your child?

Has the applicant been to summer camp at Camp Carl before? Yes No If so, when? _____
 Has the applicant received a scholarship to Camp Carl before? Yes No If so, when? _____
 How did you hear about Camp Carl? Friend Brochure Radio Event Other _____
 How did you hear about the scholarship program? [be specific]

TUITION

MUST CALCULATE TUITION

Day Camp \$250/per camper =Total Tuition _____
 Overnight Camp \$450/per camper =Total Tuition _____ Amount you can pay per child _____
 Required Deposit \$50/per camper =Total Deposit _____ **Amount Requested** _____

PAYMENT INFORMATION

CREDIT CARD [VISA | MASTERCARD | DISCOVER | AM. EX] CHECK [please attach]
 Name on Card _____ Amount _____
 Card # _____ Exp. _____ Check # _____

Amount Due Today: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY		
I	_____	_____
P	_____	_____
I/P	_____	_____
H	1	2
S	Y	N
M	Y	N
P C	1 2 3 4 5	N
PC\$	\$	_____

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Does anyone in your household work in full-time ministry? Yes No If so, please describe: _____

Do you have relatives/sources who will assist you in paying for camp? Yes No If so, how much: \$ _____

Is this a foster care situation? No Yes: Caseworker Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

FINANCIAL NEED List data for those living in your home only

COPY OF MOST RECENT TAX RETURN ATTACHED

**Be sure to include income from child support, workers compensation and disability income.

2016 Total Income before Taxes (Gross Wages)	Monthly	Annual
Job Title/Profession Parent/Guardian #1 _____	\$ _____ x12	\$ _____
Job Title/Profession Parent/Guardian #2 _____	\$ _____ x12	\$ _____
Monthly Income from Child Support/Foster Care (if applicable)	\$ _____ x12	\$ _____
Name _____	\$ _____ per month	TOTAL INCOME \$ _____
Name _____	\$ _____ per month	
Name _____	\$ _____ per month	

If unemployed, please list (1) previous job and (2) income and (3) how long you have been unemployed (4) workers comp or disability

1) _____ 2) \$ _____ per month 3) date _____ 4) \$ _____ per month

Living Expenses	Monthly	Annual
Housing Costs (rent/mortgage)	\$ _____ x12	\$ _____
Utilities/Groceries	\$ _____ x12	\$ _____
Car Expenses (payments, insurance, gas)	\$ _____ x12	\$ _____

Other Expenses (List/describe any other expenses such as tuition, medical bills not paid by insurance, etc.)

_____	\$ _____ x12	\$ _____
_____	\$ _____ x12	\$ _____
_____	\$ _____ x12	\$ _____

TOTAL EXPENSES \$ _____

Please explain any extenuating circumstances related to your financial, spiritual or emotional need. Additional pages may be added if necessary.

ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature _____

Date _____