

# CAMP CARL 2020 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    \$475/*per camper*            =Total Tuition \_\_\_\_\_    Amount you can pay per child \_\_\_\_\_  
 Required Deposit    \$50/*per camper*            =Total Deposit \_\_\_\_\_    Amount Requested \_\_\_\_\_

The \$50 deposit will be collected when you register your child for camp at [campcarl.life](http://campcarl.life)

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\$	\$	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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.**

2019 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.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_