CCIW SUMMER CAMP SCHOLARSHIP APPLICATION

At CCIW, we don't want a lack of funds to keep you from attending camp. Please complete the following application. Give it to your Pastor. Your Pastor will contact the Regional Office. All applications must come through your Pastor.

Camper Information

Camper's Full Name: _____

Camp Attending: _____ Location: _____ Camp Dates: _____

Parent(s) Name: _____ Phone: _____

Church: _____ Grade: _____ Age: _____

Home Address: _____

City, State, Zip: _____

Email: _____

Scholarship Information

1. Are there any special circumstances in your family that have resulted in your need for financial assistance (i.e. loss of job, illness)?

_____

2. How long have you attended your church? _____ Are you a member? ❑ yes ❑ no

3. How much will you be able to pay for this event? _____

4. What activities/ministries are you involved in at your church?

_____

GIVE COMPLETED APPLICATION TO YOUR PASTOR:

Pastors Signature_____

*Scholarships are made possible by generous donations to the CCIW Summer Camp Scholarship Fund. We thank those members of our CCIW churches for their contributions.

_____ _____
(Camper Signature) (Date)

_____ _____
(Parent Signature, if camper is a minor) (Date)

For Office Use Only

Date received: _____

Amnt paid: _____

Total scholarship: _____

From Account #: _____

To Account #: _____

Approval: _____

Total Paid back: _____

Check Payable to:

_____

_____

_____

_____

The Christian Church in Illinois - Wisconsin
Together Making Disciples of Christ

CCIW OUTDOOR MINISTRIES
together sowing seeds of faith