

Day Camp On Location Scholarship Application

FINANCIAL ASSISTANCE

The following information is strictly confidential and is to be completed by the camper's parent or guardian. Please fill out this form and return it to **the Church hosting Eagle Lake**.

INFORMATION

Parent/guardian name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Occupation: _____ Spouse's occupation: _____

Camper(s) name(s) and age(s):

Years previously attended Eagle Lake: _____

Based on your expected financial resources between now and the start of camp, what amount of financial aid do you feel is necessary for your camper to be able to attend Eagle Lake this summer?

Briefly state why your camper is in need of financial assistance:

For Church/Eagle Lake Staff Only:

Amount awarded _____

Amount processed _____

By (initials) _____

By (initials) _____

Date _____

Date _____