



CAMP SCHOLARSHIP APPLICATION

CAMPER'S NAME _____ DATE _____

I WISH TO ATTEND: **"CREATED TO BE ME CAMP"**

COST OF THIS CAMP IS: **\$ 360.00**

ENCLOSED IS WHAT I CAN AFFORD TO CONTRIBUTE \$ _____

MY CHURCH'S CONTRIBUTION (IF AVAILABLE) is \$ _____

THIS LEAVES A BALANCE OF \$ _____ IN NEEDED SCHOLARSHIP FUNDS.

ADDRESS _____

PHONE _____ EMAIL _____

PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

If you attend or belong to a church, please complete the following:

Name of CHURCH _____ PHONE _____

MINISTER'S NAME _____

PLEASE RETURN THIS FORM WITH REGISTRATION TO:

THE CHRISTIAN CHURCH-CAPITAL AREA

ATTN: PROGRAM COORDINATOR

8814 Kensington Parkway, Ste. 208

Chevy Chase, MD 20815

PHONE: 301.942.8266 FAX: 240.558.4780