

LCC CAMP SCHOLARSHIP APPLICATION

NAME OF APPLICANT _____

PARENT/GUARDIAN _____

SIGNATURE OF PARENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (____) _____

NAME OF CAMP ATTENDING _____

ADDRESS OF CAMP _____

TELEPHONE (____) _____

DATE(s) ATTENDING: FROM _____ TO _____

COST PER WEEK \$ _____ extra notes: _____

The Scholarship Program pays \$250 or half of the cost of tuition (whichever is the lower amount) at an approved Christian Camp. Scholarships will be paid directly to the approved designated camp prior to the applicant attending. Parents will be notified of this payment in writing by LCC. If the child does not attend the camp, parents are responsible to insure that LCC is refunded the scholarship amount.

I have reviewed this application and affirm that the applicant has met the requirements for attendance, Scripture memory, and service as established by the Christian Education Board of LCC.

Ministry Leader _____

Signature _____

Recommended Scholarship Amount _____

Office Signature _____ Date _____

Approved Amount _____