

# Christian Church-Capital Area

## CAMP AND CONFERENCE SCHOLARSHIP APPLICATION

CAMPER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

I WISH TO ATTEND \_\_\_\_\_  
(NAME OF CAMP, CONFERENCE, OR RETREAT)

COST OF THIS CAMP OR CONFERENCE \$ \_\_\_\_\_

(CAMPER'S ARE ASKED TO PAY WHAT THEY ARE ABLE AND TO REQUEST SUPPORT FROM THEIR CONGREGATIONS)

ENCLOSED IS WHAT I CAN AFFORD TO CONTRIBUTE \$ \_\_\_\_\_

MY CHURCH'S CONTRIBUTION OF \$ \_\_\_\_\_

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

YEAR IN SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ NUMBER OF YEARS IN CAMP/CONFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

CHURCH \_\_\_\_\_ PHONE \_\_\_\_\_

MINISTER'S NAME \_\_\_\_\_

MINISTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

THE CHRISTIAN CHURCH-CAPITAL AREA  
ATTN: PROGRAM COORDINATOR  
11501 GEORGIA AVENUE, SUITE 400  
WHEATON, MD 20902

PHONE: 301.942.8266

FAX: 301.942.8366