

Christian Church Capital Area Camp and Conference Program Event Scholarship Application

(This form must be submitted to the CCCA Regional Office with the Camper's Registration Form)

Camper's Full Name:		Date of Birth (MM/DD/YYYY)	/ /
If camper is under 19 years old:	Grade in School as of this coming Fall:	Number of Years in Camp and Conference Program:	
Home Phone #:		Cell Phone #:	
Email Address(es):			
Mailing Address:			
Name of Camp/Event I Wish to Attend:			
	<i>(Fill-in Name of CCCA Camp, Conference, or Retreat Event – limit one per year)</i>		
Start Date of this Event	/ /	(MM/DD/YYYY)	
Fee for this Camp or Conference:	\$		
	<i>(Campers are asked to pay what they are able and to also request support from their home congregation)</i>		
Enclosed is what I can afford:	\$		
My Church's Contribution is :	\$		
Leaving a Balance of:	\$		
	<i>(This is the amount needed as Scholarship Funds)</i>		
Parent / Guardian Full Name:			
Signature of Parent / Guardian:		Signature Date:	/ /
Camper is affiliated with which CCCA Church?:		Church Phone #:	
CCCA Minister's Name:			
Signature of CCCA Minister (Required*):		Signature Date:	/ /

(* Please contact the Regional Minister if you have any questions about completing this form.)

Please return completed form to:

The Christian Church Capital Area
Attn: Camp & Conference Program Registrar
8814 Kensington Parkway, Suite 208
Chevy Chase, MD 20815
Phone 301-942-8266 Fax: 301-942-8366



***We do not want any camper to miss out on a camp due to funding problems.
We can work with you!***