

Christian Church Capital Area Region

Confidential Regional Camper Scholarship Application

(This form must be signed & submitted to the CCCA Regional Office **PRIOR** to submitting the Camper's Registration by hardcopy or via the new CampDoc.com online Camper Registration application.)

Camper's Full Name:				Date of Birth: →	____/____/____
Please check the Camp/ Conference/ Retreat that Camper wishes to attend: (See the annual Camps Brochure and Fee Schedule for Camper Fees)	<input type="checkbox"/> Regional Women's Retreat <input type="checkbox"/> Pre-School Age Camp <input type="checkbox"/> Early Elementary School Age Camp <input type="checkbox"/> Family Camp 1 <input type="checkbox"/> Older Elementary Age Camp		<input type="checkbox"/> Jr. High/Middle Schools Age Camp <input type="checkbox"/> High School Age Conference <input type="checkbox"/> Young Adults Retreat <input type="checkbox"/> Family Camp 2 <input type="checkbox"/> Adults/Seniors Conference		
	If camper is under 19 years old as of the start of camp:		Camper's Grade in School as of this coming Fall: →	_____	Has Camper attended one of our CCCA Camps before?
Limit of One Regional Camper Scholarship per Person per Year					
Requester's Home Phone #:	() _____ - _____		Cell Phone #:	() _____ - _____	
Requester's Email Address:					
Requester's Home Address:					
<i>(See the annual Camps Brochure and Fee Schedule for Camper Fees)</i>					
Total Fee for this Camp/ Conference/Retreat is:	\$ _____				
<i>(Campers are asked to pay what they are able and to also request support from other sources as well.)</i>					
Amount I can afford to pay:	\$ _____				
Amount that my Church and/or another Party can pay:	\$ _____				
Amount of CCCA Regional Scholarship Requested:	\$ _____				
<i>(The above dollar amount is what is needed as a Scholarship from the Region.)</i>					
Requester/Parent / Guardian Full Name:					
Requester/ Parent / Guardian Signature:				Signature Date:	____/____/____
Is the Camper affiliated with any local CCCA Congregation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which Church →:			
Name of CCCA Congregation Minister/ Youth Leader sponsoring this Camper:					
For Use by Regional Office:	<input type="checkbox"/> Approved Scholarship Code Value: ____% or \$____ Regional Scholarship Code: _____			<input type="checkbox"/> Not Approved Optional Notes:	
	Signature of CCCA Regional Minister or Designate for the Region.	_____			Signature Date:

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

Please return completed, signed form to:



Christian Church Capital Area
 Attn: Camp & Conference Program Registrar
 8814 Kensington Parkway, Suite 208
 Chevy Chase, MD 20815

Phone 301-942-8266
 CampRegistrar@cccadisciples.org
 Fax: 240-558-4780

YOUR REQUEST WILL BE PROCESSED WITHIN 5 DAYS

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