



Family Camp Scholarship Application

It is our desire for you to first network with your church and Christian community for financial assistance. Our scholarship funds are limited and we hope to offer attendance to as many families as possible. Please prayerfully consider your need as you assess what funds you are able to contribute toward your family camp fees.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Family Camp you wish to attend: _____

Number in Family: _____ Total Cost of Camp: _____

Have you sent your registration fee? _____

Have you received scholarship help for previous Family Camps? Which year(s)?

How much of a scholarship are you requesting? \$ _____

What assistance have you requested from your church for Family Camp fees?

What other resources for support do you have? _____

Do you plan to send members of your family to Campus by the Sea's High School or Junior High Camp? _____

Name: _____ Camp: _____

Name: _____ Camp: _____

Do you need scholarship assistance for these camps? _____

How much of a scholarship are you requesting? \$ _____

Please complete this form and send it to Campus by the Sea. You will be notified of the scholarship amount.

Campus by the Sea ♦ P. O. Box 466 ♦ Avalon, CA 90704 ♦ (310) 510-0015