



INTERVARSITY'S
CAMPUS
BY THE
SEA

CAMPUS BY THE SEA

High School/Junior High Combo Camp
Scholarship Application Form

Name: _____

Address: _____

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

Email: _____

Which camp do you wish to attend?

- Combo I (June 7-11, 2017)
- ~~Combo II (June 11-15, 2017)~~ CANCELLED
- Combo III (July 24-28, 2017)
- Combo IV (July 30-Aug 3, 2017)
- Combo V (Aug. 3-7, 2017)
- Combo VI (Aug. 7-11, 2017)
- Combo VII (Aug. 13-17, 2017)

Have you registered for camp:

With church group?: Yes No Church Name: _____
Individually w/CBS?: Yes No

Have you received scholarship help for previous camps?: Yes No

Which year(s)?: _____

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

What assistance have you requested from your church for camp fees? _____

What other resources for support do you have? _____

What other fund raising opportunities have you used? _____

It is our desire to help you network with your church and Christian community and to give additional assistance where we can. Please complete this form and send it to Campus by the Sea as soon as possible. You will be notified of the scholarship amount.

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cbsoffice@intervarsity.org ♦ Fax: 310/510-1752