

# DAY CAMP SCHOLARSHIP FORM

## Please read and complete all portions of this scholarship form.

Please complete one form for each family. Call or email us with any questions you have regarding this scholarship form or the Day Camp Program at Arrowhead Bible Camp.

Phone: (570)663-2419 Email: bkarrowhead@gmail.com

Office Use Only

Received: \_\_\_\_\_

Requesting: \_\_\_\_\_

Awarded: \_\_\_\_\_

## FAMILY INFORMATION:

### Parent/Guardian (where camper resides):

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

## MAILING ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## HOUSEHOLD INFORMATION:

Total household size: \_\_\_\_\_

Household Annual Gross Income: \_\_\_\_\_

(Gross income is amount earned before taxes and deductions.)

Please include alimony, child support, social security, etc.)

Number of dependents: \_\_\_\_\_

(Under the age of 18)

## CAMPERS' NAMES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

## DAY CAMP SCHOLARSHIPS:

Scholarship requests may be made in any amount less the deposit amount (\$25 per camper).

What financial amount is your family able to contribute to the tuition amount? \_\_\_\_\_

Has your immediate family been affected by the 2011 floods?  Yes  No

If yes, please explain briefly \_\_\_\_\_

## ADDITIONAL INFORMATION:

Are there any specific circumstances that we should be aware of in considering your request? \_\_\_\_\_

Scholarship Requests will be considered after all registration forms have been received.

Scholarship recipients will be notified by phone. All other applicants will be notified by email.

**Signature of Parent/Guardian (required)** \_\_\_\_\_

By signing you are acknowledging that all information on this form is truthful and accurate.

**Please complete this form as soon as possible and send to:**

Arrowhead Bible Camp  
122 Arrowhead Cottage Road,  
Brackney, PA 18812

