

# Camp Scholarship Request Form

One Per Family



# CHRIST FIRST

Baptist Church of Covina

200 N. Second Ave.  
Church Office 626-339-7378

Mark which camp each person is attending in the box. W= Winter Camp, YS= Yosemite, L= Lightseekers, O= Ojai Valley, HP= Hume Ponderosa, HW= Hume Wildwood.

Camper #1—  
 Name \_\_\_\_\_ Total Cost of Camp \_\_\_\_\_

Camper #2—  
 Name \_\_\_\_\_ Total Cost of Camp \_\_\_\_\_

Camper #3—  
 Name \_\_\_\_\_ Total Cost of Camp \_\_\_\_\_

Camper #4—  
 Name \_\_\_\_\_ Total Cost of Camp \_\_\_\_\_

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Total Family Costs \_\_\_\_\_

Total amount you can contribute \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Camp \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Alt # \_\_\_\_\_

Email \_\_\_\_\_

Church Home \_\_\_\_\_

Use the back of this form to explain the financial need and any other information you feel is necessary. Return the form to the church office or a Pastor no later than 7 days before the camp departure. We will try to honor all requests as best we can.

For office use only:
Date of CE mtg _____ apprvd _____
Last Scholarship rcv'd _____
Student FND earnings _____