

# Camp Johnsonburg Scholarship Assistance Application Form

(Return Application to Discipleship Roundtable via: Presbytery mail or email or email to gbonnemere@wans.net)

Church Affiliation: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ Parent/Guardian's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Is Camper living with both parents? \_\_\_\_\_ If not, with whom: \_\_\_\_\_

Has Camper attended Johnsonburg before? \_\_\_\_\_ If yes, when was camper's most recent visit? \_\_\_\_\_

Full Camp Cost: \$ \_\_\_\_\_ What is the maximum amount you are able to contribute toward the cost of camp? \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Camper will be attending:  As an Individual  With a Church Group/ Organization

<b>If attending with a Church or Organization, complete this section; Group coordinator to submit entire form to the Discipleship Roundtable</b>	
Church / Org Name: _____	Address: _____
City: _____	State: _____ Zip: _____
Church/Org Contact: _____	Signature of Contact: _____
Amount of Church /Organization contribution (per camper): \$ _____	

Please describe the circumstances surrounding your need for financial assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child would benefit from a camp scholarship because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In response to receiving a scholarship, your child may be asked to share, with the Presbytery (in writing or orally) how their camp experience made a difference in their life or in their understanding of God.**

It is our desire to be accountable to our Lord and be good stewards of the resources He has entrusted to us. It is the desire of the Discipleship Roundtable to help provide a camp experience for families who truly have a financial hardship that would prevent their child from attending camp. You indicate such a hardship by signing this application.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian (Required)

<b>DRT Use Only</b>
Scholarship Amount: _____
Financial Need Verified by: _____