



Camp Liberty 2024

Financial Aid Scholarship Application

ALL INFORMATION ON THIS APPLICATION IS KEPT STRICTLY CONFIDENTIAL. ALL SECTIONS MUST BE COMPLETED.

Camper's Name _____

Telephone _____

Are other family members applying for scholarship? ____ Yes ____ No

If so, what are their name(s)? _____

Parents/Guardian Name _____

Telephone: Home _____ Cell _____

Home Address: _____

Email Address: _____

Have you attended camp before? ____ Yes ____ No

How much can you as the parent(s)/guardian(s) personally contribute toward the camp costs? \$ _____

Do you qualify for free/reduced lunch at the school you attend now? ____ Yes
____ No

