



(Staff Friends & Alumni of CAMP)  
A 501c3 Public Charity



P.O. Box 307371 Gahanna, Ohio 43230  
www.sfacamp.org

## CAMP 2020 Campership Application

CAMP, Constructing Assured and Motivated People, offers tuition assistance through the “campership” program to prospective campers with financial, spiritual and emotional need. We believe that everyone should have the opportunity to attend camp. Camperships are given based on individual need and the parent or guardian must pay any portion not covered by scholarship. Campership funds come from fundraisers held throughout the year and donations from individuals. Campers who have not received a campership from CAMP or have not attended prior will be considered FIRST. Once a campership award is offered, we will contact you with instructions on how to proceed.

Please complete the application and return it to POB 307371 Gahanna OH 43230 or [tbrizius@sfacamp.org](mailto:tbrizius@sfacamp.org) . After reviewed, a notification letter will be sent outlining the amount available for campership.

Name of CAMPer: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

IS this CAMPer's first year attending CAMP. Yes \_\_\_ No \_\_\_ If No, what was your first year? \_\_\_\_\_

Have you ever received financial aid from CAMP in previous years? Yes No

How did you learn about CAMP? \_\_\_\_\_

Do you have siblings that attend CAMP? Yes \_\_\_ No \_\_\_

Parent or Guardians name: \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

*Reminder to parent or guardian, you are responsible to initially pay your portion of the registration fee for your child to be considered registered for this year's program.*

Amount of assistance requesting: 15% 25% 50% other \_\_\_\_\_  
Please specify amount

Please describe below your reason for needing a “campership” to CAMP 2020.