

Resurrection Evangelical Lutheran Church
Endowment Board Request for Church Camp Scholarship
(Completed application must be returned to the Church office on or before the due date)

Child's Name: _____

Camp Dates (from and to): _____

Camp Name and Location: _____

Child's Name: _____

Camp Dates (from and to): _____

Camp Name and Location: _____

Child's Name: _____

Camp Dates (from and to): _____

Camp Name and Location: _____

Parent's Name and Address: _____
(check will be mailed to this address)

Phone Number: _____ Email Address: _____

Attach supporting documents of payment to church camp: _____
(Note: You must attach supporting documentation payment to the church camp to be eligible.)

Application Due Dates:

Applications and Presentation of Receipts will be due as follows

<u>Sessions</u>	<u>Starting</u>	<u>Application Date</u>	<u>Presentation of Receipt</u>
Fall	August-September	August 15	October 15
Spring	January-February	January 15	March 1
Summer	June-July	May 15	August 1

Applications or Receipts received after the published deadlines will not be honored unless any extenuating circumstances are presented in writing to the Endowment Board for consideration at the next scheduled meeting.

Applicant's Signature

Date

Phone Number