

Summer Camp Scholarship Application

Please complete one f	orm for each camper
Date of Application: _	
Section 1: Personal I	nformation
Camper Name:	
Parent/Guardian Nam	e(s):
Church:	
Have you ever applied	for Camp Fontanelle Scholarships in the past?
No Yes	Date:
Section 2: Financial In	ormation
	our current financial situation t or special circumstances that inhibits you from making payment:
Angel Tree Ministry is Dad, Step-Dad, or Ste	Partner Ministry of Camp Fontanelle that provides scholarships to children who have a parent (Mop-Mom) who has been incarcerated. If you fall into this category your child may receive full supported helpful to you? Yes No
*You are welcome to:	submit any additional information or documentation that would help to verify your financial need.
Please Note:	
 Scholarships a 	your application by May 31 st . Scholarship funds will be allocated based on availability and need. are not guaranteed d requests and information are kept confidential
I declare that all the in	formation submitted is complete and correct to the best of my knowledge.
Signature:	Date:
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