



## Senior High Ministries Camp Scholarship Application

Date: \_\_\_/\_\_\_/\_\_\_

Thank you for inquiring about our scholarship assistance program. SMCC established a Student Ministry Camp Scholarship Fund for the purpose of providing financial assistance to those students who would otherwise not be able to attend. It is our desire to provide a life changing camp experience to as many of our students as possible. Please note that this is only an application and does not guarantee financial assistance. To ensure as many students as possible benefit from this program, we have a criterion that determines who will be awarded. A limited amount of scholarships will be made available.

Camp Attending: \_\_\_\_\_

Session Dates: \_\_\_\_\_

### **Camper Information:**

Camper Name 1: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Camper Name 2: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Camper Name 3: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Camper Name 4: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Have any of the campers attended camp before with SMCC? YES\_\_\_\_ NO\_\_\_\_  
If yes, which campers(s) and when was the camper(s) most recent visit?

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Have any of the campers previously received scholarship assistance from SMCC? If yes, when and how much?

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How long has your family been attending SMCC?

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Is your student(s) involved in SMCC's Student Ministry (Shadow YTH High School)?

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Are you members of SMCC? YES\_\_\_\_ NO\_\_\_\_

Date joined: \_\_\_\_\_

### **Family Information:**

Parent/Guardian Name(s): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

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

Total household monthly income: \$\_\_\_\_\_

Please take some time to pray before answering the following question. Ask God to reveal the amount of help that your family would most benefit from and what amount of the camp total should be your responsibility. No matter the amount be honest, and we can go from there.

Please provide the amount needed for camp. \$ \_\_\_\_\_

Please describe the circumstances surrounding your need for financial assistance:

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My child would benefit from a camp scholarship because:

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It is our desire to be accountable to our Lord and be good stewards of the resources he has entrusted to us. We ask you to please sign this application stating you have a true financial hardship that would prevent your child from attending camp without financial assistance.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only:**

Scholarship Approved: YES \_\_\_\_ NO \_\_\_\_

Amount \$ \_\_\_\_\_ Staff Name: \_\_\_\_\_