

CONFIDENTIAL SCHOLARSHIP REQUEST

CAMP VICK PATHFINDER LODGE

Date _____

Name of Applicant _____

Address _____

Date of Birth _____ Age _____ Sex _____ Grade in fall _____

Parent or Guardian _____

Phone _____ Phone _____

Please indicate Home, Work, or Cell

Preferred Session Date #1 _____ Name of Session _____

Preferred Session Date #2 _____ Name of Session _____

Has the applicant received a scholarship to camp before? _____

If so, when _____

Session Name _____

Total Fee \$ _____

Amount Family will pay \$ _____

Amount Church will pay \$ _____

Amount Association will pay \$ _____

Amount Requested for Scholarship \$ _____

OFFICE USE ONLY

Scholarship Approved _____

Scholarship Denied _____

Amount _____

Signature _____

Section to be completed by Church Pastor:

Do you recommend the applicant for a scholarship? Why or why not? _____

Are there any special considerations which should be made in regard to this applicant?

Does the applicant and his/her family attend church regularly? _____

(The answer to this question has NO BEARING on whether the scholarship is granted.)

Signature _____ Print Name _____

Title _____

Church _____ Association _____

Has the applicant applied for church scholarship funds? _____

Has the applicant applied for Association scholarship funds? _____