

SCHOLARSHIP APPLICATION FORM

Thank you for considering River of Life Camp as your choice of summer fun for your child! We believe every child should have an opportunity to enjoy a week of camp, so we are dedicated to helping those families who are unable to afford such an experience. One way in which we help these families is by providing this scholarship program. We are very thankful for every partner who gives financially to help make giving out scholarships to families in need possible. If you would like to request a scholarship for your child, please fill out this application while considering the information below and calling us if you have questions.

• One application should be submitted for <u>each child</u> you wish to apply for.

Parent/Guardian/Third Party Signature: _

- Camper scholarships are not guaranteed for everyone but are given based on whether or not the child has come to camp before, whether or not the child has received financial assistance before, and the financial needs of the family.
- When completed, please mail the application to the address below or scan and email it to office@riveroflifecamp.com.
- A scholarship application does not hold your child's spot in camp. <u>Only submitting a camper application and paying the camp deposit can confirm their spot in camp</u>. Registration fees must be paid regardless of the amount given in a scholarship.

I am a third pa	arty, filling o	ut this app	lication in p	lace of the f	amily				11	true, check	this box: []	
Name of third	party:							Pho	one #:	-	-	
		First			Las	st						
Organization ():					En	nail:					
Name of Pare	nt/Guardian	:						Pho	one #:	-	-	
		First			Las	st						
Mailing Address:												
		Street					City		State	•		
Parent/Guard							Ho	usehold siz	e:			
Name of Child		Age of Child on June 15th:								:		
		First		_	Las						. 1.4	
	_									-		
											[] (65 [] (6	
What week(s) of camp does this camper plan on attending? Check all that apply: Day Camp Only: How many days per week would you like to send your child?								Snov	v w	eekend 1		
Day Camp On	<i>ly</i> : How man	y days per	week would	d you like to	send your	child?			Camp):	[]	
Overnight	. 7	-9 Youth Ca	Youth Camp 10-12 Youth Camp (First				ek) 10-12 Youth Camp (Second Wee			ek) 13-18 Teen Camp Regular: [] or Horse: []		
Camp:	Ful	Full: [] or Horse: []			Regular: [] or Horse: []			Regular: [] or Horse: []				
											All	
Day	Week 1	Week 2	Week 3	Week 4	Week 5		ek 6	Week 7	Week 8	Week 9	Summer	
Camp:	[]	[]	[]	[]	[]	Reg[]	Ranch []	Reg []Ranch []	[]	[]	[]	
How many pe	ople are in y	our immed	diate family?	·	W	/hat is you	r approxim	nate monthly family i	ncome? \$_			
Monthly Expe	nses: M	ortgage or	tgage or Rent Car Payments					Other Loan Payments				
Utilities			xpenses Total Monthly Expenses									
Are there any	special fina	ncial circun	nstances we	should be a	aware of?							
Are you receiv	ing financia	lassistance	e from anoth	ner source f	or camp? .						[] Yes [] No	
If so, Name of Supporting Organization:							Amount: \$					
How much fin	ancial assist	ance are y	ou hoping to	receive fro	m us? \$_							
Plea	se note agai	n that the	registration	fee(s) for e	ach week of	f camp sign	ned up for	must be paid regard	less of the	amount rec	eived in a	
								receiving a scholarsh				
to be able to a	attend camp									-	•	
I hav	ve read the t	erms and	conditions o	n this applic	cation and c	ertify the	informatio	n I provided is accur	ate:			