



# Cedarkirk Scholarship Application

Please fill out this form completely and submit to:

Date of Application: \_\_\_\_\_

CEDARKIRK SCHOLARSHIP ADMINISTRATOR, 1920 STREETMAN DR, LITHIA, FL 33547

EMAIL: [camps@cedarkirk.org](mailto:camps@cedarkirk.org)

**PLEASE NOTE: PHOTOS OF THIS DOCUMENT WILL NOT BE ACCEPTED.**

### Summer Camp Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants. Cedarkirk will pay a percentage of the cost of only ONE camper per camper in the form of a scholarship.
- You should register for the camp of your choice as soon as possible. Each camper registration requires a \$75 per session deposit, payable by check, cash or credit card. The deposit will be refunded if scholarship assistance is not awarded to camper.
- Incomplete applications will not be reviewed.
- Please check with your local church as many churches also offer scholarship assistance.
- Please fill out one form per child.

Camper's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Has camper attended Cedarkirk before? \_\_\_\_\_ If so, what year(s)? \_\_\_\_\_

Camp Session and Date: \_\_\_\_\_

<b>Total Cost of Camp Session: \$</b> _____	Amount Camper Can Pay: \$	_____
	Amount Parent Can Pay: \$	_____
	Amount Church Can Pay: \$	_____
	<b>Scholarship Amount Requested: \$</b>	_____

Reason for Request: (Please use the reverse, if needed) \_\_\_\_\_

What do you hope your child will gain from this experience? \_\_\_\_\_

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If the church is sponsoring the camper, please provide the following:	
Signature of Church Representative:	_____
Phone number where I can be reached:	_____

You will be notified in writing or by email of the amount of scholarship granted to you by Cedarkirk.

PLEASE DO NOT WRITE BELOW THIS LINE – STAFF USE ONLY

Signature of Cedarkirk Scholarship Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Date posted to Camper's Account: \_\_\_\_\_ By: \_\_\_\_\_

Revised 10/29/14

Need Based  Volunteer (Nurse, Worship Leader)  Staff Member Name \_\_\_\_\_