



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

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

Christmas Retreat Scholarship Guidelines:

- Please enroll your camper for the Christmas Retreat (without payment) and submit this form as soon as possible. If approved, the scholarship funds will be applied to your account and your camper will be moved to "registered" status.
- 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.
- 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: _____

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

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: _____
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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 _____