

# 2024 SUMMER CAMP SCHOLARSHIP APPLICATION Christian Church in Florida (Disciples of Christ) The Retreat at Silver Springs 6455 E Silver Springs Blvd., Silver Springs, FL 34488 Email: adminassistant@fldisciples.org



Scholarships must be postmarked or emailed by May 15th, 2024, to be

considered by the Scholarship Committee to The Retreat at Silver Springs at the address above. Please follow the instructions in each of the sections listed below. Failure to follow the instructions could result in being disqualified from receiving a Scholarship. You will receive notification from the scholarship committee during the first week of June. Please DO NOT send your Scholarship Application in with your Summer Camp Registration Form. This could delay the receipt of your Scholarship Application and cause you to miss the deadline.

# **SECTION ONE:** Camper Information

This section needs to be filled out by a PARENT/GUARDIAN or CHURCH CONTACT PERSON.

Name of Camper:	 
City/State:	 Zip:
Phone:	

\_\_\_Check here if parent/guardian is a member of a congregation of the Christian Church (Disciples of Christ) in Florida

Home Church: (include city) \_

Grade completed in school by June 2023 \_\_\_\_\_

### Check One:

<u>Camp</u>	Grade Completed	<u>Date</u>	<u>Cost*</u>	<u>Deadline</u>
UNO Camp	Grades K-2	June 7 - 9	\$150	May 24
Junior Camp	Grades 3-5	June 11 - 15	\$335	June 1
High School Camp	Grades 9-12	June 16 - 22	\$400	June 1
Chi Rho Camp	Grades 6-8	June 25 - 30	\$375	June 6
High School Canoe C	amp Grades 9-12	July 7 - 13	\$335	July 1
Middle School Outdoor Adventure Camp Gr 6-8		July 15 – 20	\$375	July 1
Graduates' Camp	Graduated H.S. 2019-2023	July 21 - 24	\$200	July 10
Family Camp	For the whole family	Aug 30 - Sept 2	\$200	Aug 15

\*On or after May 15<sup>th</sup>

## Is this your first time at camp? \_\_\_\_Yes \_\_\_\_No

## **SECTION TWO:** Financial Information

This section needs to be filled out by the camper's parent/guardian.

In order for us to assess your financial need, please provide us with as much information as possible. Please note that we will be issuing a limited amount of full scholarships. All other awards available will be based on needs and availability.

#### How much funding are you receiving from?

Personal Financing Local Congregation Other

ing nom.	
\$	
\$	
\$	

#### How much are you requesting from this Scholarship Committee?

\$\_\_

Name o	f Child	/Youth_
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Annual family income: (check one)

\$0-12,500	\$12,500 - 25,000	\$25,000 - 37,500	\$37,500 - 50,000
\$50,000 - 62,500	\$62,500 - 75,000	\$75,000 – 87,500	\$87,500 - 100,000
Over 100,000			

Are there any other campers attending the Christian Church in Florida Summer Camp Program from your household?

(check one) \_\_\_\_Yes \_\_\_\_No

If yes, please list their names: \_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date:\_\_\_\_

# SECTION THREE: I want to go to Summer Camp...

*The camper should fill this section out*. They must write one to two sentences explaining why they want to attend Summer Camp this year. If this section is not filled out, the camper might not be considered for a Scholarship.

#### "I WANT TO GO TO SUMMER CAMP because"\_\_\_\_\_

## **SECTION FOUR: Church Endorsement**

This section must be filled out completely by the SENIOR PASTOR, YOUTH DIRECTOR, CHILDREN'S DIRECTOR or CHURCH CONTACT PERSON. If this section is not filled out completely by one of the above listed people, the camper **will not be** considered for a Scholarship.

#### **CHURCH ENDORSEMENT**

Instructions to the Church Representative:

Please fill this out completely (fill out the Church Representative's name and the name of the Church, Complete the Comment Section, and Sign). Please provide information that can help inform the scholarship committee of why this camper is in need of a scholarship for Summer Camp. The scholarship committee uses the information you give to determine not just who receives scholarships but also what amount will be given. Any information that you are able to share will be helpful in determining the needs of this camper.

Church Representative's name and position: \_\_\_\_\_

Name of Church: \_

Please provide information that would help the Scholarship Committee is assessing the need level of this camper:

Signature: \_\_\_

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