



2025 SUMMER CAMP SCHOLARSHIP APPLICATION
 Christian Church in Florida (Disciples of Christ)
 Florida Disciples Regional Church
 6455 E Silver Springs Blvd., Silver Springs, FL 34488
 Email: office@fldisciples.org



Scholarships must be postmarked or emailed by May 1st, 2025 to be

considered by the Scholarship Committee to the Florida Disciples Regional Church 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: _____

Address of Camper: _____

City/State: _____ Zip: _____

Phone: _____ Parent/Guardian E-mail: _____

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 2025 _____

<u>Camp</u>	<u>Grade Completed</u>	<u>Date</u>	<u>Cost*</u>	<u>Deadline</u>
___ High School Camp	Grades 9-12	June 8 - 14	\$500	June 1
___ Junior Camp	Grades 3-5	June 17 - 21	\$435	June 10
___ Chi Rho Camp	Grades 6-8	June 23 - 28	\$475	June 16
___ High School Canoe Camp	Grades 9-12	June 22 - 28	\$350	June 16
___ Middle School Outdoor Adventure Camp Gr 6-8		July 7 - 11	\$475	June 30
___ UNO Camp	Grades K-2	July 18 - 20	\$250/\$150**	July 11
___ Graduates' Camp	Graduated H.S. 2020-2024	July 20 - 22	\$250	July 13
___ Family Camp	For the whole family	Aug 29 - Sept 1	\$250/\$150**	Aug 15

Cost*Through May 15th ** Adult/Child prices

Check One:

Is this your first time at camp? Yes No

SECTION TWO: Financial Information

This section needs to be filled out by the PARENT/GUARDIAN of the camper.

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 \$ _____

How much are you requesting from this Scholarship Committee?

\$ _____

Name of Child/Youth _____

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...

This section should be filled out by the camper. They need to write one to two sentences explaining why they want to go to 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 Church Representative's name, Name of 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 need 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: _____