

# FAMILY LIFE FOR CHILDREN MINISTRIES

## College Hill Presbyterian Church

5742 Hamilton Ave. Cincinnati, OH 45224-2999

(513)541-5676, Fax (513) 541-1575

### 2011 Camp Scholarship Application

#### Student Information

	<u>Camp Dates</u>	<u>Total Cost of Camp</u>	<u>Dates of Camp</u>
Scholarship for: <input type="checkbox"/> 2nd/3rd Grade Overnight		\$50.00	Date: July 28-29
(check one) <input type="checkbox"/> Resident Camp		\$345.00/wk.	Date: July 24-29

Please complete a separate form for each child requesting financial assistance and submit it to Doreen Hendley, College Hill Presbyterian Church, 5742 Hamilton Ave., Cincinnati, OH 45224.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any other special events you will be participating in this summer (i.e., summer camps, sports camps/clinics, music camps/clinics, special vacations, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Names of other children who will be attending CHPC camps:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please note, every child who registers for Resident Camp by the May 31 deadline is automatically approved for a \$100.00 scholarship and the price of the 2/3 Overnight reflects an automatic scholarship of \$15.00. This form is for requesting additional scholarship help.

Please prayerfully consider the amount of scholarship needed in order to be able to send your child to summer camp:  25%  50%  other

#### Parent Information

Mother: \_\_\_\_\_ Tel. (home #) \_\_\_\_\_

(Name)

(work #) \_\_\_\_\_

Father: \_\_\_\_\_ Tel. (home #) \_\_\_\_\_

(Name)

(work #) \_\_\_\_\_

\_\_\_\_\_  
Signature, Parent or Guardian)

\_\_\_\_\_  
(Date)