

# Centrifuge Camp Scholarship Application

Thank you for filling out this Scholarship Application. We have many generous people give so that you can go to camp. They are glad to give and we are happy to bless you and your family with the funds to attend this incredible week at Centrifuge. Remember, we have a lot of students who need scholarships so please pay what you can so we can take as many students to camp as possible.

**Please take a moment and completely fill out the following information.**

Student Name: \_\_\_\_\_ Gender  M  F Current School Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent/Guardian Names:(Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_  
 Parent Phone # \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Total scholarship amount requested: \_\_\_\_\_  
 Could you make monthly payments toward the balance?  Yes or  No  
 Total amount I can pay (including \$100 deposit): \_\_\_\_\_

Why do you feel financial aid is necessary at this time? (please be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received a camp scholarship from FBC before?  Yes or  No  
 What year(s)? \_\_\_\_\_  
 I need help finding a job to earn the \$100 deposit.  Yes or  No

	Student Initial	Parent Initial
I am understand I am registered only when my deposit has been received or I have fulfilled at least 10 of my work hours.		
I will contact Patrick to schedule my work hours and will complete them before June 2nd		
I will attend the mandatory Parent Meeting May 31st @ 6p in the Youth Center.		

Parent Printed Name \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact Patrick in the church office, 325-648-3369.

**To be filled out by FBC**

Date Received \_\_\_\_\_ Deposit Paid \$ \_\_\_\_\_  
 Scholarship granted: \$ \_\_\_\_\_ Staff Approval \_\_\_\_\_ Date Contacted \_\_\_\_\_