

2009 CAMP BRAINERD CAMPER SCHOLARSHIP REQUEST FORM

Name of Church _____ Phone _____

Church Address _____

_____ Email _____

Name of Camper _____ Phone _____

Address _____

Email _____ Grade Completed Spring '09 _____ Age _____

Parent or Guardian _____

Requesting Scholarship for (week of camp) _____ Dates _____

Scholarship Request:

First Figure is the fee before May 15, 2008; 2nd is fee after

1. Cost of Camp (Beginner-Junior, Senior High, Beginner, Junior High, Junior \$300/\$320; Adventure \$330/\$350; Day Camp \$160/\$180; Parent & Child, First Timers \$140/\$155; \$ _____

2. Local Funds Available:

From Family \$ _____

From Local Church (budget, deacon's fund, special offering) \$ _____

Other \$ _____

3. **Scholarship Amount Requested from Camp Brainerd, Lehigh Presbytery (subtract line 2 from line 1)** \$ _____

Signature of Pastor or Church Official submitting this request:

_____ Phone _____ Date _____

Signature

Please mail this form to:

Camp Brainerd, 1301 M Easton Belmont Pike, Stroudsburg, PA 18360

NOTE: This form must be submitted no later than two weeks after the camper's registration form is sent to Camp Brainerd. (Registration form can be found in the summer camp brochure.)

PLEASE BE SURE TO CHECK WITH YOUR LOCAL CHURCH FOR SCHOLARSHIP ASSISTANCE BEFORE APPLYING FOR THIS PRESBYTERY-WIDE SCHOLARSHIP.