



Camp and Retreat Center

Camp Horizon Scholarship Application

Name of Camper: _____ Age: _____
Camper Address: _____
Home Phone: _____

Parent's Name(s): _____
Parent's Address: _____
Parent's Phone: _____

Church: _____ Date: _____
Pastor Name: _____ Pastor Phone: _____

Does your church offer any scholarships? Yes ___ No ___

Have you attended Camp Horizon Before? Yes ___ No ___
When? _____

Are any of your siblings attending camp? Yes ___ No ___
How many? _____

Are you on free or reduced lunches at school? Yes ___ No ___

Amount of Scholarship Requesting: _____

*Each camper may request a one-time scholarship up to ½ or \$50 of the camp cost, *which ever amount comes first.*

What Camp are you attending?

_____ Camp Name & Date (Example: Young Wonders Week 2 June 2-6 2014)

Scholarship Essay:

What would a scholarship mean to you?

***Preference will be given to first time campers and families with multiple campers. Funds are limited. Once they have been depleted scholarships will no longer be available.**