



Camper Scholarship Application

The purpose of the Hickory Cove Bible Camp scholarship fund is to provide financial assistance for those who otherwise would not be able to attend camp. **This application must accompany a current camper registration.** This application is to be filled out by the parent or guardian of the camper applying for assistance. Scholarship does **NOT** include the \$50 deposit and any trading post money. (If the scholarship is denied, the \$50 deposit will be refunded.)

Camper's Name: _____ **Camp dates requested:** _____

1st time camper? Yes No **Number of dependents in the household:** _____

Parent's/Legal Guardian's Name: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____ **Email:** _____

Father's Occupation: _____

Place of Employment: _____

Position: _____ **Annual Net Income:** \$ _____

Mother's Occupation: _____

Place of Employment: _____

Position: _____ **Annual Net Income:** \$ _____

Other Sources of Income: _____

1. Please explain why you are requesting financial assistance.

2. What amount of financial assistance are you requesting? \$ _____

3. Has your child received financial assistance from Hickory Cove Bible Camp before? Yes No
If yes, what year? _____

4. Have you checked with your church to see if they will provide funds for Camp? Yes No

5. Have you been awarded scholarship assistance for these camp dates from another organization?
 Yes No If yes, how much? \$ _____

I affirm that all of the above information is correct.

Signature: _____ **Print Name:** _____

Office Use Only

Date application received: _____ **Amount of financial assistance awarded:** \$ _____ **Date:** _____

Awarded by: _____

Denied by: _____ **Date application denied:** _____

Reasons why financial assistance was denied: _____