



SCHOLARSHIP FINANCIAL AID FORM

Parent or Guardian

Name(s) _____

Address _____ City _____

State _____, Zip _____ Home Phone () _____

Cell Phone () _____

Email _____

Total Household Size _____ Household

Annual Gross Income _____

Number of Independents _____ Gross income is amount earned before taxes & deductions

Please list all income: child support, soc. security, disability, etc.

Financial Aid Qualification Guideline

Total Family Size	Annual Income Under
2	\$30,000.00
3	\$35,000.00
4+	\$40,000.00

NOTE: In an effort to reach more kids we provide UP TO 80% of the cost of a week of camp. Scholarships are NOT given for multiple weeks.

1. Are there specific circumstances we should be aware of in considering your request?

2. Have you received scholarships to Camp Eder before? Y / N If so when?

3. Will this request involve foster care or a particular state agency? Y / N

Agency Name _____

Case Worker Name _____

Phone () _____

4. To process your request for financial aid, we require a copy of the first page of your previous years tax return.

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Camper Name

_____ PLEASE use
one form per child. Thank you.

Camp Week 1 2 3 4 5 Other (Circle one) Date
____/____/____

Camp Description

Cost of Camp

\$ _____

Amount you / relative / friend can pay per child

- \$ _____

Sponsoring Church / Organization Name

Contact Name _____ Phone () _____

Amount of sponsorship promised - \$ _____

Total Financial Assistance Needed*

\$ _____

***SCHOLARSHIP AMOUNT WILL BE 80% OF TOTAL FINANCIAL ASSISTANCE NEEDED**

It is our desire to be the best stewards of the resources God has entrusted us with through our amazing donors. We ask you sign below stating you have a true financial hardship that would prevent your child from attending camp without financial assistance.

Signature of Parent or Guardian

(required) _____

IMPORTANT: We will notify you as soon as possible of the scholarship amount, preferably by email. AFTER you have been notified, please GO ONLINE and REGISTER. Payment of balance due is EXPECTED AT ARRIVAL / CHECK-IN. Please no exceptions. Thank you.

Return to:

Mike Kovacs 914 Mt. Hope Rd. Fairfield PA 17320

Email scanned forms to: mkovacs@campeder.org