



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 () _____
5. **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.

Please return ALL forms AND copy of Tax Return to:
Bryan Smith 914 Mt. Hope Rd. Fairfield PA 17320 OR
Email scanned forms to: bsmith@campeder.org

FOR OFFICE USE ONLY		
R	_____	_____
CS	_____	_____
ST\$	_____	_____
EM	_____	_____