Church Camp Scholarship Request Form St Andrew Methodist Church | Plano TX Camp Name: Instructions: Please complete this form and email to <u>childrens@standrewmethodist.org</u> on or before May 1, 2025. Attach any necessary supporting documentation if needed. **Camper Information** Full Name: ___ [First Name, Last Name] Date of Birth: [MM/DD/YYYY] [First Name, Last Name] Address: [Street Address] [City, State, Zip Code] Phone Number (Parent/Guardian): [XXX-XXX-XXXX] [Email Address] **Camper Special Needs** Please let us know any special needs your camper might need:_____ [Please explain any special needs your camper might need]

Camp Information (Please list for each camp you are requesting a scholarship)		
•	Camp Name:	
•		
•	Camp Fee:	
Schol	larship Request	
•	Amount Requested:	
	[Please indicate 25%, 50%, 75%, or "Full Scholarship"]	
•	Reason for Request:	
•	Is the camper actively involved in church activities?	
	∘ Yes	
	o No	
	If yes, please provide details:	_
	[e.g., participation in youth group, Sunday school, volunteer activities, etc.	J
Signat	ture	
•	Camper's Signature:	
	[Signature or acknowledgment of understanding the terms]	
•	Parent/Guardian Signature:	
	[Signature or acknowledgment of understanding the terms]	

Church Use Only		
•	Scholarship Awarded:	
	o Yes	
	o No	
•	Amount Approved:	
•	Date of Approval: [MM/DD/YYYY]	
•	Authorized Signature: [Signature of church official]	

Comments:

[Any additional comments from the committee]