



CAMP SCHOLARSHIP FORM

Which camp are you hoping to attend?

Summer Camp Snowblast

Student Name _____

Are you in MS. HS

Phone _____

Address _____

City _____ State _____ Zip _____

Parents Names _____

I would like to attend this event because

I am in need of assistance because

These are the ways I've earned money for camp (and how much for each odd job)

I am able to pay \$ _____ So I would like a scholarship in the amount of \$ _____

By typing your full name in the signature field below you agree to electronically sign this form.

Students Signature _____

Date _____

Parent's Signature _____

Date _____

PLEASE COMPLETE AND RETURN TO JOSIAH PERRON
josiah.perron@gatewayfellowship.com
**THE EARLIER THE COMPLETION, THE MORE LIKELY YOUR
APPLICATION WILL BE APPROVED**