



# SERVE YOUR WAY TO CAMP

IT'S SIMPLE...YOU SERVE, WE HELP YOU GO TO CAMP.

Please complete the following and return to the FCA office at address or email.

Athlete name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Grade: \_\_\_\_\_

I am applying for assistance for (camp name): \_\_\_\_\_

I am requesting help with \_\_\_\_\_% of the cost (normal maximum is 50%) Dollar amount \$ \_\_\_\_\_

Please describe your involvement at (FCA Campus): \_\_\_\_\_

- 1.  I want to serve but do not need the scholarship.
- 2.  want to serve and need the full scholarship.
- 3.  want to serve and need partial scholarship \$ \_\_\_\_\_.

Opportunities for service: Caring Place, New Hope Pregnancy Center, Salvation Army, Habitat for Humanity, Youth group community project, etc...

***First come first serve basis. Scholarships are based on amount of hours served and current funds available. The agency or pastor must sign and witness the service project.***

Name of Organization/Place	Contact Person	Signature	Hours Served	Student Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Staff use only

Approved amount \_\_\_\_\_ Staff name \_\_\_\_\_