



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: _____ Sport: _____ School: _____

Parent's Name(s): _____ Huddle Leader: _____

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 available.

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 _____