



**Camp Manna Ministries, Inc.**  
**Summer Day Camp**  
**Scholarship Request Form**



**Parent/Guardian Information:**

Mother/Guardian Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ or \_\_\_\_\_  
 Father/Guardian Name : \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ or \_\_\_\_\_

**Student Information:**

Student's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Camper lives with:     Both Parents     Father     Mother     Other \_\_\_\_\_  
 Grade entering in Fall 2012 \_\_\_\_\_ Gender     M     F    Age at date of Camp \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First time camper at Camp Manna?     yes     no                      School child attends \_\_\_\_\_  
 Does your child have any health or behavioral problems? \_\_\_\_\_  
 \_\_\_\_\_  
 Is your child on any daily medications (please explain) \_\_\_\_\_  
 \_\_\_\_\_

**Financial Information:**

Total **annual** income prior to taxes is: Mother \$ \_\_\_\_\_ Father \$ \_\_\_\_\_  
 Other income(welfare, child support, social security, retirement): \_\_\_\_\_

Please check a week that would be best for your child to attend

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> wk 1-June 11-15      | <input type="checkbox"/> wk 2 -June 18-22  | <input type="checkbox"/> wk3 - June 25-29  |
| <input type="checkbox"/> wk 4 - July 9-13     | <input type="checkbox"/> wk 5 - July 16-20 | <input type="checkbox"/> wk 6 - July 23-27 |
| <input type="checkbox"/> wk7 - July 30- Aug 3 | <input type="checkbox"/> wk 8 - Aug 6-10   | <input type="checkbox"/> wk 9 - Aug 13-17  |
| <input type="checkbox"/> wk 10 - Aug 20-24    | <input type="checkbox"/> Any Week          |  |

\*\*\* Please note, this is only a REQUEST form. We cannot guarantee your child will receive any scholarship money. Our staff will evaluate your form and notify you of our decision. Further financial documentation may be requested.

**I affirm that the above information to correct and agree to provide further financial information if requested.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature**