



# Camp Manna Ministries, Inc.

## 2017 Scholarship Request Form

*"Cathy's Kids Scholarship Fund"*



### Parent/Guardian Information:

Mother/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ or \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ or \_\_\_\_\_

### Student Information:

Student #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering 2017 \_\_\_\_\_

Student #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering 2017 \_\_\_\_\_

Student #3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering 2017 \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Camper(s) lives with:  Both Parents  Father  Mother  Other \_\_\_\_\_

First time camper(s) at Camp Manna?  yes  no School child attends \_\_\_\_\_

Does your child or children have any health or behavioral problems? \_\_\_\_\_

Is your child on any daily medications (please list) \_\_\_\_\_

### 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

wk 1-June 12-16

wk 2 -June 19-23

wk3 - June 26-30

wk 4 - July 10-14

wk 5 - July 17-21

wk 6 - July 24-28

wk7 – July31-Aug4

wk 8 - Aug 7-11

wk 9 - Aug 14-18

Any Week

\*\* We are closed the week of July 3-7 and Aug 21-25

\*\*\* 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. Other financial documentation may be requested. Thank you!

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

\_\_\_\_\_  
Signature

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