



Camp Manna Ministries, Inc.

2018 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 2018 _____

Student #2 Name: _____ Age: _____ Grade Entering 2018 _____

Student #3 Name: _____ Age: _____ Grade Entering 2018 _____

Address: _____

City, State, Zip: _____

Campers lives with: Both Parents Father Mother Other _____

First time campers 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 11-15-5G-Start w/God

wk 6-July 23-27 -X-GAMES

wk 2-June 18-22-Camp Marvel

wk 7-Ju30-Aug3-Around the World

wk 3-June 25-29-Survivor

wk8-Aug6-10- Magnify your Mind

wk 4-July 9-13-Let's S"Wet"

wk9-Aug14-18-S"Winter"Olympics

wk 5-July 16-20- Treasure Hunters

Full Summer **

***closed week of July 4th* & Aug 20**

** Full Summer Scholarships are awarded as a *REDUCED PAYMENT* type scholarship.

*** 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! Providing a W-2 or other documentation of yearly income will help ensure you receive the MOST scholarship money available!

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

Signature

Date: _____