



Camp Manna Ministries, Inc.

2019 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 2019 _____

Student #2 Name: _____ Age: _____ Grade Entering 2019 _____

Student #3 Name: _____ Age: _____ Grade Entering 2019 _____

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 10-14- Aloha

wk 6-July 22-26 - Army/Navy

wk 2-June 17-21- East vs. West

wk 7-Ju29-Aug2-Around the World

wk 3-June 24-28- Color Wars

wk8-Aug5-9- Let's S'WET

wk 4-July 8-12- X-Games

wk9-Aug12-16-5 G

wk 5-July 15-19- Christmas in July

Full Summer **

***closed week of July 4th* & Aug 19**

** 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: _____