

Signature

## Camp Manna Ministries, Inc. **2021 Scholarship Request Form**



"Cathy's Kids Scholarship Fund"

Parent/Guardian Information:			
Mother/Guardian Name:			
Contact Number:oror		<del></del>	
Father/Guardian Name:		_	
Contact Number:	or		
Student Information:			
Student #1 Name:	Age:	Grade Entering 2021	
Student #2 Name:	Age:	Grade Entering 2021	
Student #3 Name:	Age:	Grade Entering 2021	
ddress:City, State, Zip:			
Campers lives with: ☐ Both Parents	□ Father □ Mother □ O	ther	
First time campers at Camp Manna?	yes □ no School child a	ittends	
Does your child or children have any he	alth or behavioral problems? _		
Is your child on any daily medications (	olease list)		
Financial Information:			
Total $\underline{\textbf{YEARLY}}$ income prior to taxes is: $\mathbf{N}$	Nother/Guardian \$	Father/Guardian \$	
Other income (monthly) you receive for	r child (welfare, child support, soc	cial security):	
Please check a we	ek that would be best for y	your child to attend	
□wk 1-June 7-11	□wk 5-July 12-16	□wk 5-July 12-16	
□wk 2-June 14-18	□wk 6–July 19-23		
□wk 3-June 21-25	□wk 7- July 26-30		
□wk 4-June 28- July 2			
*closed wee	k of July 5-9 and the mont	h of August *	
** Full Summer Scholarsh	iips are awarded as a REDUCED F	PAYMENT type scholarship.	
*** Please note, this is only a REQUEST form. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
evaluate your form and notify you of our decisi			
or other documentation of yearly income will h  I affirm that the above information to be	•		
. a that the above mornation to be	to provide furti	ici illianola illiorination il requestedi	
	Date	e:	