



Camp Manna Ministries, Inc.

2023 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 2023 _____

Student #2 Name: _____ Age: _____ Grade Entering 2023 _____

Student #3 Name: _____ Age: _____ Grade Entering 2023 _____

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 **YEARLY** income prior to taxes is: Mother/Guardian \$ _____ Father/Guardian \$ _____

Other income (monthly) you receive for child (welfare, child support, social security): _____

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

wk 1-June 13-15 (T/W/TH) wk 5-July 17-21

wk 2-June 19-23 wk 6-July 24-28

wk 3-June 26-30 wk 7- July 31-Aug 4

wk 4-July 10-14 wk 8 – Aug 8-11 (T/W/TH)

*closed week of July 3-7 wk 9 – Aug 15-17 (T/W/TH)

** 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 be correct and agree to provide further financial information if requested.

Signature

Date: _____