

Camp Manna Ministries, Inc.

2024 Scholarship Request Form



"Cathy's Kids Scholarship Fund"

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Parent/Guardian Information:			
Mother/Guardian Name:			
Contact Info: Phone#			
Father/Guardian Name:		_	
Contact Info: Phone#	Email		
Student Information:			
Student #1 Name:	Age:	Grade Entering 2024	
Student #2 Name:	Age:	Grade Entering 2024	
Student #3 Name:	Age:	Grade Entering 2024	
Address:	City, State, Zip:		
Camper(s) lives with: Both Parer	nts □Father □Mother □	Other	
		attends	
Is your child on any daily medications (please list)		
Will your child need to ride the bus ☐ yes			
Financial Information:			
Total YEARLY income prior to taxes is:	Mother/Guardian \$	Father/Guardian \$	
		ocial security):	
other meetine (monethy) you receive re	orma (wenare, erma sappore, se		
Please shock a we	eek that would be best for	your shild to attend	
		•	
□wk 1-June 17-21	□wk 5-July 22-2	□wk 5-July 22-26	
□wk 2-June 24-28	□wk 6–July 29- <i>A</i>	□wk 6–July 29-Aug 2	
□wk 3-July 8-12	□wk 7- Aug 5-9		
□wk 4-July 15-19			
*closed	week of July 1-5		
	hips are awarded as a REDUCED		
*** Please note, this is only a REQUEST form.			
evaluate your form and notify you of our decis	ion. 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.

	Date:
Signature	