

# Baldwin Community United Methodist Church



... makes the presence of God real !

5001 Baptist Road  
Pittsburgh, PA 15236

## 2022 Camp Scholarship Request Form

Phone: 412-882-9300  
Fax: 412-882-9305

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Camp Location: \_\_\_\_\_

Event # : \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Cost: \_\_\_\_\_

As the parent of the child named above, I am requesting the amount listed below for scholarship towards a camp at a United Methodist camp for the summer of 2022. By making this request I understand that I will participate in the life of the church year to the best of my ability. Families are asked, if possible, to pay 20% of the cost of the camp prior to the scholarship being granted, but full-cost scholarships may be available in special circumstance

All requests should be sent to the church office by May 20th and marked "CAMP SCHOLARSHIP" or emailed to [rfruscello@baldwincommunityumc.com](mailto:rfruscello@baldwincommunityumc.com).

By signing below, you understand and agree to these conditions.

Event Cost:	<input type="text"/>	1	Remaining cost after family contribution:	<input type="text"/>	6
Registration Fee:	_____	2	Scholarship requested:	<input type="text"/>	7
20% of event cost (line 1 amount x 0.20):	_____	3	office use only		
Additional amount family can pay:	_____	4	Scholarship Granted:	yes	no
Total family contribution (total of lines 2, 3, 4)	<input type="text"/>	5	Amount:	<input type="text"/>	8