

# Baldwin Community United Methodist Church



... makes the presence of God real !

5001 Baptist Road  
Pittsburgh, PA 15236

## 2018 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 an United Methodist camp for the summer of 2018. By making this request I understand that I will participate in the life of the church and in fundraisers for campership throughout the year to the best of my ability. Families are asked to pay at least 20% of the cost of camp prior to scholarship being granted.

All request should be sent to the church office by May 7 and marked "CAMP SCHOLARSHIP".

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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