

Baldwin Community United Methodist Church



... makes the presence of God real !

5001 Baptist Road
Pittsburgh, PA 15236

2019 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 2019. 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 6th 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:	<input type="text"/>	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