

CRISTACAMPS



2017-18 School Season Scholarship Application

Each year, CRISTA Camps solicit contributions for its scholarship fund. The fund is there to help families who are unable to afford the full camp fee, and children who would otherwise be unable to attend camp. Because funds are limited and we desire to help as many people as we can, we ask that each family pay for as much of the camp fee as possible. Scholarships are only available to assist with a portion of the basic camp fee.

Please mark one of the following weekends. Please indicate the amount of assistance you are requesting.

ISLAND LAKE		MIRACLE RANCH	
<input type="checkbox"/>	Father/Child Dirt Bike Wknd Oct 26-28, 2018	<input type="checkbox"/>	Fall Horse Wknd Grades 4-8 Oct 26-28, 2018
<input type="checkbox"/>	Winter Dirt Bike Wknd Jan 25-27, 2019	<input type="checkbox"/>	Advanced Horse Day Grades 4-8 Jan 5, 2019
<input type="checkbox"/>	Family Dirt Bike Weekend March 8-10, 2019	<input type="checkbox"/>	Winter Horse Wknd Grades 4-8 Feb 8-10, 2019
<input type="checkbox"/>	Spring Dirt Bike Wknd April 12-13, 2019	<input type="checkbox"/>	Spring Horse Wknd Grades 4-8 April 26-28, 2019
<input type="checkbox"/>		<input type="checkbox"/>	Horse Advanced Wknd May 17-19, 2019
<input type="checkbox"/>	Father/Child Fishing Wknd May 10-11, 2019	<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Camper's Name _____ Amount Requested \$ _____

Briefly explain why financial help is needed _____

Please indicate any applicable family circumstances:

Foster Child Adopted Military family Single parent household

I am sending a camp registration form with this application.

I have registered and paid my deposit online.

I understand I am responsible for the balance of all camp fees, transportation fees, and spending money.

<i>Print Name</i>	<i>Relationship to camper</i>	<i>Date</i>
<i>Address</i>	<i>City/State</i>	<i>Zip</i>
<i>(_____)</i>	<i>Email</i>	
<i>Phone</i>		

To be considered for a scholarship, please mail this form with a camp registration form and \$50 deposit (refundable if you do not receive or accept a scholarship) to:

**CRISTA Camps Scholarship Fund
12500 Camp Ct. NW
Poulsbo, WA 98370**

OFFICE USE ONLY _____ Date Received Registration Form Received Deposit Received