

Camps Scholarship

Apply for scholarship

Please fill out and return applications and supporting documents to our camps registrar by emailing it to registrar@crisacamps.com or mailing a physical copy to:

CRITSA Camps – Miracle Ranch
15999 Sidney Rd SW
Port Orchard, WA 98367

Please answer the following questions to help the scholarship committee determine the suitability of the requested scholarship amount.

1. Why are you applying for this scholarship? _____

2. How much aid are you applying for? (Circle one)
 - a. 25% Scholarship
 - b. 50% scholarship
 - c. 75% Scholarship
 - d. 100% Scholarship
3. What range does your household family income fall into per month, please choose one. (Please provide a current paystub to verify income level).

Family	Single person	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household
Monthly income	\$2,308 or less monthly	\$3,122 or less monthly	\$3,935 or less monthly	\$4,748 or less monthly	\$5,562 or less monthly	\$6,375 or less monthly	\$7,189 or less monthly

"I affirm that the information provided in this application and in any supporting documents is true and accurate. I understand that my failure to truthfully provide the information requested may result in loss of the scholarship, the requirement to repay the amounts received, and the ineligibility for me or my family to apply for camps scholarship in the future."

Signature _____ Date: _____

Print Name: _____ Date: _____