

CRISTACAMPS



2023 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 available to assist with a portion of the basic camp fee. Please mark one of the following camp weeks. Please indicate the amount of assistance you are requesting.

| Camps | | Programs | |
|--------------------------|-------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Family Camp: _____ | <input type="checkbox"/> | Fall After School Program |
| <input type="checkbox"/> | Harvest Fest Overnight: _____ | <input type="checkbox"/> | Winter After School Program |
| <input type="checkbox"/> | Horse Weekend Camp: _____ | <input type="checkbox"/> | Spring After School Program |
| <input type="checkbox"/> | | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <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 the basic camp fee, plus optional program 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>Phone</i> | <i>_____</i> <i>Email</i> |
|----------------------------------|------------------------------|

To be considered for a scholarship, please mail this form with a camp registration form and \$100 deposit (refundable if you do not receive or accept a scholarship) to:

CRISTA Camps Scholarship Fund
15999 Sidney RD SW
Port Orchard, WA 98367

OFFICE USE ONLY _____ Date Received Registration Form Received Deposit Received

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: _____