

EAGLE RIVER METHODIST CAMP 2019 DISCOVERY CAMP - SCHOLARSHIP REQUEST FORM

Camper's Name _____

Parent's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

School: _____ Grade: _____

1. What scholarship amount do you feel you need in order to attend camp? _____ (No FULL scholarships given, if this is a true barrier, fill out and let us know, we will look for further options).

2. Does your household receive such programs as Denali Kid Care, Public Assistance, School Lunch, Child Care or Energy Assistance, Etc. Yes _____ NO _____ (A yes answer means you are automatically eligible for help if funds are available)

3. If "no" for question 3, Please briefly explain need. (multiple kids, high cost of child care, seasonal work, single parenting etc.)

3. Other Siblings and ages attending Camp.

Signature: _____ Date: _____

**Please Complete and fax or email to the ERUMC office:
Phone 907 789-3734**

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(For ERUMC Staff)

Request approved by _____ **Amount Approved** _____

Date _____