

**Camp Allen**  
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www.campallen.org

Office Use

Approved	Yes	No
Amount	_____	
Notified	_____	
Initials	_____	

## Camp Allen Scholarship Application 2010

The Scholarship Fund, which is raised through various donors and our bi-annual fundraiser, allows families needing financial assistance an opportunity to experience Camp Allen's Summer Camp program. It is designed to pay approximately 1/3 of the tuition for its recipient. The expectation is that the attendee's home church will pay another third, and the family of the camper will pay the remaining balance. Exceptions are based on hardship will be considered on a case-by-case basis. A separate form must be completed for each applicant and returned to Camp Allen, attn: Suzi Bailey. *\*Scholarships will not be awarded until after February 1<sup>st</sup>*

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camper Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Home Church: \_\_\_\_\_ Phone \_\_\_\_\_

Priest/Pastor Name: \_\_\_\_\_

Session for which you are registering: \_\_\_\_\_ Alternate: \_\_\_\_\_

Please describe why you are requesting a scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other agencies, organizations, churches, which assistance has been requested:

\_\_\_\_\_

Amount requested: \_\_\_\_\_

Amount approved: \_\_\_\_\_

I hereby certify that the above information is true and accurate to the best of my knowledge, and that this application is made in good faith with no intent to misinterpret the applicant's circumstances.

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Priest/Pastor Signature and Date