



Camp Scholarship Application

Date of Application: _____

Camper Name: _____ Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip: _____

Parent/Guardians: _____ Email: _____

Home Phone: _____ Cell Phone: _____

For which camp are you requesting a scholarship? _____

Has applicant been to camp before? Yes No If yes, when? _____

Has applicant received a scholarship to camp before? Yes No If yes, when? _____

Payment Worksheet

| | |
|--|--|
| Total cost of camp | |
| Total amount I can pay | |
| Total assistance from church or other agency | |
| Total scholarship amount requested | |

Please share a brief description of the circumstances surrounding your request for assistance:

_____ I have contacted my church requesting scholarship assistance.

Name of church: _____

_____ I have contacted my county social services agency requesting assistance.

_____ I have contacted close family members and friends requesting assistance.

Please return completed form by mail, email to youthprograms@ironwoodsprings.com, or fax to 507-533-8126. Application must be received **at least two weeks prior to camp** in order to be considered.