

CAMP REGISTRATION & SCHOLARSHIP APPLICATION

Complete PAGE 1 for Camp Registration; Complete PAGE 2 for Scholarship Assistance



CAMP ENROLLMENT 2020

Camp Eagle (\$255) LCMC Nat. Youth Gathering (\$325) Slumber Falls (\$50)

CAMPER INFORMATION

Camper Name _____
First Name _____ Last Name _____

Nickname _____ Gender Male Female

Birth Date _____ Current Grade _____

Camper Address _____
Street _____ City _____ State _____ Zip _____

Primary Phone _____ E-mail _____

PRIMARY PARENT INFORMATION

Guardian 1 Name _____

Relationship to Camper _____ Primary Phone _____

Guardian 2 Name _____

Relationship to Camper _____ Primary Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____

Relationship to Camper _____ Primary Phone _____

Allergies/Food Restrictions _____ Need to Know _____

A. Authorization for participation of minors under 18. I give permission for my child, _____, to participate in camp and/or overnight including travel to and from locations if provided.

B. I authorize adult leaders of St. Paul and said Camp to serve as agents for my child to consent to medical or surgical care deemed advisable by an accredited physician or surgeon in an approved emergency clinic or hospital.

C. All participants are expected to fully participate in said Camp activities, be in designated areas at all times, follow the direction of adult sponsors, respect others, and to have a cooperative attitude. If the youth cannot abide by this behavior covenant, he/she may be sent home and parents are responsible for transportation arrangements.

Please sign to acknowledge and indicate agreement with A., B., and C.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Fee paid: _____ Date Paid: _____ Staff Initials: _____

SCHOLARSHIP APPLICATION - CONFIDENTIAL - Attention: Scholarship Committee

DEADLINE: May 1, 2020

FAMILY & LIFE CIRCUMSTANCES

Camper Name: _____ Ages of Siblings in Household _____

Guardian 1 Employer _____ Position _____

Guardian 2 Employer _____ Position _____

Household Annual Gross Income \$ _____

(Amount earned before taxes and deductions. Please include alimony, child support, social security, etc.)

Has this camper ever received a scholarship from ST. PAUL before? Yes No

If yes, what year(s) and camp/mission trip? _____

Why is a scholarship needed in order for this camper to attend camp? List any extenuating circumstances.

How will this camper benefit from receiving a scholarship?

Amount of scholarship requested: \$ _____

Can you make weekly payments prior to camp? Yes No

If yes, how much \$ _____ per week for _____ weeks.

Camp Scholarship Guidelines

A limited number of financial need scholarships are available to boys and girls who want to attend Youth Camps. To apply, complete Camp Registration and Scholarship Application and attach camp deposit. After scholarships are awarded, the remaining balance is to be paid 10 business days before the camp session begins. If the scholarship amount isn't enough financial assistance, and your child will not be attending camp, the deposit is fully-refundable if you notify us 10 days prior to the camp.

Camp scholarships are available to pay a portion of the camp fee for youth that would benefit from the camp experience and would not be able to attend camp otherwise. All information will remain confidential. The review committee makes every effort to distribute available money to fairly assist as many youth as possible. Scholarships are made regardless of race, socioeconomic status, disability, or other aspect of diversity.

**This form is confidential. Mail in an envelope marked:
"Confidential - Attention: Scholarship Committee"
St. Paul Lutheran Church, 777 W. San Antonio St., New Braunfels, TX 78130**

Parent/Guardian Signature

Date

OFFICE USE ONLY

Scholarship Awarded: \$ _____

Date: _____

Approved by: _____