

CENTRAL MISSOURI USA MISSION CENTER

Community of Christ

CAMPERSHIP FUND APPLICATION

Name of Applicant _____

Address _____

Age _____ Phone _____ Congregation _____

Parent/Guardian _____

Camp/Activity Attending _____ Dates _____

Briefly describe the reasons you feel this scholarship is needed

Cost of Camp or Activity \$ _____

Amount I can pay \$ _____

Local congregation contribution (if available) \$ _____

Total requested from campership fund \$ _____

I understand that the campership fund is specifically for those in financial need. I also understand that no one should be denied the camping experience because of lack of funds and that there are many other people in financial need as well as myself. I pledge a strong effort to work and save money for my own support to attend youth activities.

Signed _____ Date _____

Youth

Signed _____ Date _____

Parent/Guardian

OFFICE USE ONLY

Date Received _____ Date Applicant Notified _____

Amount Approved \$ _____

Approved by _____ Date _____