

CENTRAL MISSOURI USA MISSION CENTER

Community of Christ

CAMPERSHIP FUND APPLICATION
(FAMILY WITH ALL YOUTH ATTENDING SAME CAMP/ACTIVITY)

Parent/Guardian _____

Address _____

Email _____ Phone _____ Congregation _____

Camp/Activity Attending _____ Dates _____

Briefly describe the reasons you feel this scholarship is needed

Print Full Name of Youth Applicants	Age	Camp/Activity Cost	Signature of Youth

Total Cost of Camp or Activity (add up from above) \$ _____

Amount we can pay \$ _____

Local congregation contribution (if available) \$ _____

Total requested from campership fund \$ _____

We understand that the campership fund is specifically for those in financial need. We 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 our family. We pledge a strong effort to work and save money for our own support to attend youth activities.

Signed _____ Date _____

Parent/Guardian

OFFICE USE ONLY	
Date Received _____	Date Applicant Notified _____
Amount Approved \$ _____	
Approved by _____	Date _____