

Scholarship Request Form

Camp attending:

Ministry _____

Camp Name: _____

Date: _____

Student's Name: _____

Address _____

Contact Number () _____

Contact Email Address _____

Total Cost for Camp: \$ _____

Requested Scholarship Amount: \$25 \$50 \$92.50

(Half of camp cost is the most that will be awarded as a scholarship. Please explain in detail if you need more)

Family Financial Status: (Give as much information as available)

Parents Marital Status SINGLE _____ MARRIED _____ DIVORCED _____

Number of Children in the family # _____

* Occupation _____ *Family's Approximate monthly income \$ _____

**This information must be completed to be considered.*

Unusual Expenses: _____

Please give reason(s) for eligibility: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Turn in by saving form to your computer and emailing to juniorhigh@cornerstoneweb.org or highschool@cornerstoneweb.org, fax to 925-371-1776 or mail to church office. You will be contacted via email concerning your scholarship within a week of receiving it.