



The Gathering

Senior High Ministries Camp Scholarship Application

Date: ___/___/___

Thank you for inquiring about our scholarship assistance program. SMCC established a Student Ministry Camp Scholarship Fund for the purpose of providing financial assistance to those students who would otherwise not be able to attend. It is our desire to provide a life changing camp experience to as many of our students as possible. Please note that this is only an application and does not guarantee financial assistance. To ensure as many students as possible benefit from this program, we have a criterion that determines who will be awarded. A limited amount of scholarships will be made available.

Camp Attending: _____ Session Dates: _____

Camper Information

Camper Name 1: _____ Age: _____ Grade: _____

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Camper Name 1: _____ Age: _____ Grade: _____

Have any of the campers attended camp before with SMCC? YES ___ NO ___

If yes, which campers(s) and when was the camper(s) most recent visit?

Have any of the campers previously received scholarship assistance from SMCC? If yes, when and how much?

How long has your family been attending SMCC? _____

Is your student(s) involved in SMCC's Student Ministry (Gathering)? _____

Are you members of SMCC? YES ___ NO ___. Date joined: _____

Family Information

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Occupation: _____

Mother's Occupation: _____

Total household monthly income: \$ _____

Please take some time to pray before answering the following question. Ask God to reveal the amount of help that your family would most benefit from and what amount of the camp total should be your responsibility. No matter the amount be honest and we can go from there.

Please provide the amount needed for camp. \$ _____

Please describe the circumstances surrounding your need for financial assistance:

My child would benefit from a camp scholarship because:

It is our desire to be accountable to our Lord and be good stewards of the resources he has entrusted to us. We ask you to please sign this application stating you have a true financial hardship that would prevent your child from attending camp without financial assistance.

Signature of applicant: _____ Date: _____

Office Use Only:

Scholarship Approved: YES _____ NO _____ Amount \$ _____ Staff Name: _____