



SCHOLARSHIP REQUEST
CEDAR RIDGE CAMP

Camper's Name: _____

Camper's Age and Grade: _____

Parent/Guardian Name: _____

Home Address: _____

Home Telephone Number: _____

Work/Cell Number: _____

Camp(s) child hopes to attend: _____

Camper's Home Church: _____

Home Church Phone Number: _____

Home Church Address: _____

Home Church Contact Name: _____

Have you requested help through your church? Yes or No

Please explain why child needs scholarship
assistance: _____

What amount would you be able to pay toward the cost? _____

Would you be able to participate in a payment plan? Yes or No