

Sheley Scholarship Application For Youth Camp **APPLICATION DEADLINE MARCH 15, 2008**

This portion of the application to be filled out by the parent and/or guardian:

Youth's Name: _____ Boy Girl

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ___/___/___ Age: _____ Current grade: _____ School: _____

Parent/Guardian: _____ Father Mother Guardian

Address: _____ Phone Number: (___) _____

Occupation: _____

Parent/Guardian: _____ Father Mother Guardian

Address: _____ Phone Number: (___) _____

Occupation: _____

Name of Local Congregation/City: _____

Scholarship Information: Scholarship amount you are requesting? _____

Has applicant ever attended youth camp? Yes No If yes, where? _____

Will there be other children from your family attending Church of God Youth Camp? Yes No

If yes, how many? _____ Which camps? _____

To be filled out by youth — Must be filled out to qualify

In the space below, please tell us why you want to go to Christian camp and why you should be selected for a scholarship (Please use additional paper if necessary)

If accepted to receive a Sheley Scholarship for Youth Camp, I agree to abide by the rules of the camp I attend. _____

YOUTH'S SIGNATURE

I give my permission to the sponsoring organization to complete the information on the second page of this form to provide Sheley Scholarship Committee/ Church of God Youth Camp with the information necessary to process this information.

PARENT/GUARDIAN NAME

DATE

This portion of the application to be filled out by the sponsoring organization, i.e., youth or social agency, church, etc. Person completing this portion of the form must not be related to the applicant.

Name of sponsoring organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of individual filling out form: _____

Title: _____ Phone: (_____) _____

Relationship to applicant: _____

Briefly describe the child's home environment (within guideline of confidentiality)

Why do you feel this scholarship would be beneficial to this particular child?

Does this child have any special needs/problems/concerns that the camp should be aware of? Yes

No

Please explain in detail. _____

Please clearly demonstrate the financial need for this child to receive this type of scholarship (within guideline of confidentiality)

I understand the commitment and responsibility of submitting this application:

SPONSORING ORGANIZATION

INDIVIDUAL'S NAME TITLE