



191 Lakeview Rd., Broadalbin, NY 12025
(518) 883-3713
www.sacandagabibleconference.com

- Day Camp
- Overnight Camp

2019 CAMP SCHOLARSHIP APPLICATION

Note: Scholarships are generally limited to one week per camper. Scholarships are awarded on the basis of need and may be granted as a partial scholarship or one full week scholarship. A determination will be **EMAILED** to you, promptly. Please return completed application prior to online registration and at least two weeks prior to participation.

Camper name: _____
Camper age: _____ Return camper: yes or no Previous Award: yes or no
Address: _____

Parent/guardian name: _____
Home phone number: _____ Cell phone number: _____
Email: _____

Household Information:

Mother/guardian name: _____
Address (if different from above): _____
Employer/position: _____
Father/guardian name: _____
Address (if different from above): _____
Employer/position: _____

Number of people in household: _____ Number of dependent children in household: _____

Please check the appropriate combined annual income range:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$21-30,000 | <input type="checkbox"/> \$41-60,000 |
| <input type="checkbox"/> \$15-20,000 | <input type="checkbox"/> \$31-40,000 | <input type="checkbox"/> \$61-80,000 |

What is your monthly rent/mortgage payment? _____
Do you receive any kind of public assistance or government aid? Yes No
If yes, how much will you receive this year? \$ _____

Please explain why you are requesting a scholarship: _____

<p>To the best of my knowledge, the information above is true and correct. Date: _____ Signature: _____</p>
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